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Medical World.

—EDITED BY—

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THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain drops off the stones.—FROUDE.

The Medical World.

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WE announced last month that as only a few hundred copies of the Chart remained, as soon as these were exhausted it would be withdrawn as a premium. These have been completely exhausted, and the demand for it remains so great that we have decided not to try to withstand the pressure. In the goodness of our heart and the generosity of our soul we go to the expense of issuing a second edition.

Many of our subscribers have written that in *their* opinion the Chart was too large, and that a *smaller* size would be more convenient and desirable in every way. Acting upon this suggestion we have reduced the size to 14x18 inches.

It is much less expensive to frame a chart of this size than of the former size, and we trust it will be more pleasing in every way. The matter and arrangement remain just the same, excepting the addition of a note, found upon another page of this issue. Dr. Louis kindly revised the Chart, but he saw fit to make no changes except this addition.

We will continue the Chart as a premium until the first of next June, which will be one year from the time it was first offered. After that date it will be sold at fifty cents a copy, which is the present price without THE WORLD.

Those already possessing the old can obtain a copy of the new edition by sending the name of a new subscriber, accompanied by $1 for the same.

We feel certain that our efforts to serve the profession will continue to be repaid by a continually swelling subscription list.

———o———

SEVERAL months ago communications concerning the "carbonate of titanium" were sent for publication to several medical journals, THE WORLD among the number. Knowing the different forms titanium to be rare and hard to obtain, we, in order to be able to inform our readers, addressed letters of inquiry to several leading drug firms. None kept it in stock, nor knew anything about it. Finally one firm obtained what was claimed to be the article directly from the writer of the communication. We still felt an interest in the matter, and not having time to make a chemical analysis, we addressed a letter to a prominent firm (in another city) which makes rare drugs and chemicals a specialty, asking if carbonate of titanium could be made, if the demand for it was very great, if there was any difficulty in supplying the demand, and its present price. The following is the reply: "There is quite a demand for carb. titanium, and we supply the same from $1 to $2. per ounce, according to quantity. There is no difficulty in supplying the demand." This being so satisfactory we thought no more about it until our attention was called to an analysis of the substance sold by the writer of the original contribution, showing that it contains only a trace of titanic acid, and consists almost solely of iron salts. Also, we learn that titanium carbonate is a chemical impossibility. The moral of all this is: Do not send communications to medical journals upon subjects which you do not understand.

The commercial value of the metal, titanium, is $6.89 per avoirdupois pound. The chlorate and oxide of the metal can be obtained. There may be therapeutic value in titanium; but we advise that some other form than the "carbonate" be used.

In India cholera is not regarded as a contagious disease; in Europe it is. As early as 1831 it was suggested that this disease affected chiefly the cerebro-spinal and sympathetic nervous systems. This theory is now gaining ground. It has long been known that summer diarrhœa is a disease of the nerve centers rather than of the alimentary tract. Many believe that cholera is an intense form of the same condition. This disturbance of the nerve centers throws the glandular organs of the digestive tract into tumultuous activity, and this explains the profuse discharges and the abundance of epithelium in them. We know tetanus to be a disease, not of the muscles, but of the nerves which control them. In the same way a disease of the centres controling the glandular organs of the digestive tract increase their functional activity to great intensity. The muscular cramps are due to this morbific influence exerted upon the spinal cord. The presence of albumen in the urine is due to the same cause. The sudden onset and rapid fatality are consistent with this theory. Also, the cases which occasionally occur without diarrhœa (and which are most rapidly fatal) may be explained by supposing the force of the disease to fall upon the nervous system. *Early* treatment is urged. Opium and the bromides are the most promising remedies. The greatest mortality has attended the use of calomel, castor oil and other evacuants. Ice bags to the spine have recently produced good results in Paris.

The ending of the year has again stimulated the demand for back numbers, also for bound copies. We cannot supply bound copies simply for the reason that our supply of back numbers has long since been exhausted. We still have a few copies for September, October, November and December, but the present indications are that they will not last long. Allow us to suggest that you subscribe *now*, and at the end of the present year you will have all the numbers and can get them bound. This is the best, and the only certain way to obtain them.

The Current Medical Thought.

[We beg to acknowledge the kind and valuable aid of our friend, Dr. Louis Lewis, in this department of this number.]

Prof. Bartholow points to four factors in incontinence of urine; acidity of the urine, and relaxation of the vesical sphincter being the most prominent; spasmodic contractility of the muscular coat during sleep as the third factor, and the fourth, which is comparatively rare, is dreaming of a desire to urinate, when the bladder is full, (the brain being here at fault). For acidity of the urine, the persistent administration of bi-carbonate of potash, or some other alkaline salt of potash, in an effervescing draught, is advised. The incompetency of the sphincter is to be treated by half-grain doses of aqueous extract of ergot, and a quarter of a grain of extract of nux vomica. Bromides should be given at night to diminish the contractility of the muscular coat of the bladder. Many of these patients are anæmic, and the administration of iodide of iron is indicated.

The continuence of urine in boys is frequently due to phymosis, or to the presence of a calculus in the bladder; and, in young girls, to vulvitis, or urethritis, caused by the irritation of thread worms in the vagina, which have reached there from the rectum. And late suppers, profound sleep, and other causes which produce seminal emissions in the adult male, produce urinary discharges in the male child.

The Physiological action of Digitalis.—In an instructive paper by Dr. S. Nickles, of Cincinnati, we read that digitalis has a direct influence on the heart, augmenting, its power, whilst "slowing" its action. Its influence on the nervous system, is secondary: and, on the kidneys, its action is nil, the increase of secretion being due to altered systemic circulation.

Digitalis is undoubtedly cumulative in its effects, and its administration, when continuous, demands careful observation. Its use is indicated in feeble action of the heart, and contra-indicated in hypertrophy and all diseases attended with increased action; also in venal diseases attended with diminished secretion of urine.

To obtain reliable results from the use of digitalis, the infusion is far preferable to the tincture, and indeed has proved the form par excellence, whereby to obtain the best and most constant effects of this drug.

Every minute 67 people die and 70 are born, giving the birth excess at 3 per minute.

DIAGNOSTIC DREAMS.—Typhus fever is marked by short, delirious, broken dreams. Remittent fever by long, dolorous, painful dreams. Scarlet fever by realistic dreams, excited by surroundings. Herein are suggested some suitable points in diagnosis.

INCUBATION OF INFECTIOUS DISEASES.—Vacher divides these various periods into five sections, as follows:

1. *Shortest*—one to four days—cholera, (malignant), charbon, plague, catarrh, and dissecting fever.

2. *Short*—two to six days—scarlet fever, diphtheria, dengue, idiopathic erysipelas, yellow fever, pyemia, influenza, pertussis, glanders, farcy, grease, croup, puerperal fever.

3. *Medium*—five to eight days—relapsing fever, gonorrhœa, vaccinia, inoculated small-pox.

4. *Long*—ten to fifteen days—natural small-pox, varicella, measles, rotheln, typhus fever, typhoid fever, mumps, malarial fever.

5. *Longest*—forty days or more—syphilis, and hydrophobia.

Small-pox ceases to be infectious in 56 days after the appearance of the eruption; modified small-pox in 35 days; chicken-pox in 17 days; measles in 27 days; rotheln in 14 days; scarlet fever in 49 days; diphtheria in 28 days; erysipelas in 35 days; typhus in 21 days; typhoid in 28 days, and mumps in 21 days.

ANÆSTHETIC PAINT.—A mixture of two drahms each of chloral hydrate and gum camphor, half a drahm of sulphate of morphia, and a drahm of chloroform, makes a useful anæsthetic paint for minor operations. It should be applied several times with a camel's hair brush, and allowed to dry, previous to incision of the parts.—*Med. News.*

Recent experiments in Germany tend to show that cold alcohol—5 degrees centigrade—deprives the parts of special sensibility to pain, without impairing their general delicate tactie sense.

DEATH RATES IN RUSSIAN HOSPITALS.—We in America are given to boasting, and not altogether without cause, of the ample provision which is made in this country for those who may be suffering from accident or illness. Other countries also have their medical charities; but some of them, we fear, are not well managed. In Russia they appear to be in a very bad way. Dr. Rotkin, the Emperor's physician, speaking of the death rate in the St. Petersburgh hospitals, says: "I have came to the conclusion that the patients die mostly from weakness, for with their daily allowance of thirteen or fourteen "copecks" they cannot even buy a pound of beef for broth. In addition to this the nurses, who are very badly paid, steal the food of the patients." Such a state of things is very bad, but the nurses must be wretchedly paid indeed, if they can wilfully starve their patients to death for the sake of their food.

INSANITY is a disease of the *brain*, accompanied by alteration of structure; and the *mind* so-called, is secondarily affected through this *physical* medium. Opium, cannabis Indica, spirituous liquors, etc., will produce insanity. But we cannot assume that these *material* drugs will act on an *immaterial* thing like the *mind*, excepting through the *physical* agency of the brain. In fact, there is not much direct evidence that we have a *mind* at all; certainly not the evidence of our senses, for we cannot see, hear, feel, smell, nor taste it.

A DISINFECTING compound for purifying the atmosphere of the sick room has been presented to the Berlin Medical Society. Oils of rosemary, lavender, and thyme, in the proportions of 10, 2½, and 2½ parts, respectively, are mixed with water and nitric acid in the proportion of 30 to 1½. The bottle should be shaken before using, and sponge saturated in the compound and left to diffuse by evaporation. Simple as it is, the vapor of this compound is said to possess extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders.

HYDROPHOBIA *vs.* RABIES.—It is to be regretted that the public is not better informed than it would appear to be as to the difference between hydrophobia and rabies. The latter is a disease of dogs, the former seems confined to the human being. The propagation of the one malady by an animal affected with the other, does not bring the two morbid states into such close relation as is commonly supposed to exist. It would be amusing if it were not grimly sad, to observe not unfrequently, the insane evidence of a purely mimetic morbid state set up by the misery and apprehension caused by the consciousness of having been bitten by a mad dog. As a matter of sober medical fact, it is by no means necessary or inevitable that the bite of a dog with rabies should give a man or woman hydrophobia; and if the element of *fear* could be eliminated it is highly probable that the proportion of instances in which the dreaded disease supervened from a bite would be greatly reduced.

Neither are cases of rabies among dogs nearly as many as they are reported to be, for a goodly number of them may be justly credited to epilepsy and simple fury. Something should be done to disabuse the public mind of a greatly exaggerated terror.

IT is a significant fact that the urine of patients who are undergoing a course of salicylic acid, will not decompose for a long period, but remains fresh and sweet as when first passed.

A PATIENT from whom Dr. Hughes Bennett, London, lately removed a tumor situated in the substance of the brain, continues to make favorable progress. Since the operation, the paroxysms of pain and frequent convulsions which marked the case have completely disappeared; and the pulse and temperature remain normal. This case is being anxiously watched by the profession in England on account of its rare and unique character.

COCAINE has been tried experimentally by the hypodermic method with the following results; the parts subjected to it being the arm, fore-arm, thigh and phalanges:

The first sensations were smarting, followed by numbness, redness at the point of injection; in two or three minutes tactile sense was diminished, and sensibility to pain and temperature entirely abolished. In each instance the anæsthetic area was noticed to be more extensive above the point of injection than below.

The injection of 1-7th of a grain into a bubo and an inflamed bursa patallæ enabled each to be opened without the slightest annoyance or pain.

PARIS may now be considered cholera-free. Bulletins are no longer published, and no patients have been sent to the Cholera Hospitals for more than a week. Naples is now also free from the scourge.

Hydrochlorate of cocaine is only soluble in water in the proportion of five per cent. To obtain a stronger solution an acid has to be added, which contra-indicates its use, in this form, for eye operations.

DR. AUSTIN FLINT, Sr., says that the value of beef tea and meat juices is highly over-estimated, and many lives are lost by starvation, owing to too much faith in these agents. In such diseases as typhus and typhoid fevers instinct fails to express the needs of the system, owing to the patient's morbidly blunted perceptions. Here milk and eggs satisfy fully the nutritive wants of the system; and there is no substitute for them.

THE *Gaulois* states that, in order to show the innocuity of cholera microbes, a physician has swallowed a pill made from the vomit of a a cholera patient. The result of this nauseous experiment has not yet been communicated.

AN eminent ophthalmic surgeon of London, thinks that, for general use in operations on the eye, the anæsthetic mixture known as a. c. e. is the best. This means one part (by measure) of absolute alcohol, two parts of chloroform, and three parts of ether.

THE disagreeable odor of turpentine oil may be efficiently masked by the admixture of an equal proportion of essential oil of lemons, without marring its efficacy.

TREATMENT OF CHANCRES, ETC.—Dr. Louis Lewis says that equal parts of salicylic acid, iodoform and oleate of zinc, applied under lint, moistened in glycerine, form an excellent application to chancres and other syphilitic lesions. Internally, one grain each of hydrargyrum cum creta and pulvis ipecacuanha comp., with a few grains of sugar, three times daily, will be found useful and palatable.

DOCTOR—"You see, wifey dear, I have pulled my patient through after all, a very critical case I can tell you." His wife—"Yes, dear hubby; but, then, you are so very clever in your profession. Ah! if I had only known you five years earlier, I feel certain that my first husband, Thomas, poor Thomas, would have been saved!"

IN St. Paul, recently, Drs. Westlake and Green, at the office of the latter, made the experiment of the use of cocaine in the extraction of teeth. A four per cent. solution was used. With a camel's-hair brush they painted the gums of the patient, surrounding the teeth to be extracted, five times at intervals of five minutes. Then with a hypodermic needle they injected into the gums five drops of the solution and repeated the injection at the end of five minuts. At the end of thirty minutes from the time of the first application of the solution they began operations, and extracted two teeth. The patient was a woman of a very sensitive, nervous organization, but the anæsthesia was so perfect that she felt no

pain, and said she could have sat with perfect ease and had several more extracted. The only feeling realized by her was a very slight sensation when the nerve of each tooth was severed. The doctors tested the deadening effects of each application by pricking the gums with a knife. At the end of the third application the sense of feeling began to lessen, but it did not entirely disappear until after the last injection mentioned. The amount of cocaine used did no exceed 50 cents in value.

THE second annual meeting of the Ohio State Sanitary Association will be held at Columbus, Ohio, February 5th and 6th. Programme containing full information as to papers, sessions, railroad rates, etc., can be had by addressing the secretary, R. Harvey Reed, M.D., Mansfield, Ohio.

DR. EDWARD WILLIAMS reports in the *New Eng. Med. Monthly* the successful use of hydrochlorate of cocaine in painful menstruation. He wet a small piece of cotton with a solution of the drug and inserted it into the vagina, allowing it to rest against the os. In about half an hour the pain ceased and did not return again, the menses appearing in about three hours after the application was made. The editor of the *New Eng. Med. Monthly* reports a similar case with similar results. He applied a four per cent. solution directly to the os and about two inches around it with a camel's hair brush.

Operation for lacerated cervix has been performed without pain by use of the hydrochlorate of cocaine.

Treatment of Phthisis Pulmonalis.

The three methods of treating phthisis pulmonalis advocated by Dr. Beverly Robinson are super-alimentation, continuous dry inhalation, and intro-pulmonary injections. For super-alimentation he begins with a pint of milk, three raw eggs, and Reed & Carnrick's beef peptonoids, or the powdered meat of Favrot. An ounce of this is poured into the stomach two or three times a day by means of the soft rubber œsophagial tube. The dose is increased as soon as the stomach will bear more. The doctor says:

"But bear in mind one very important fact, gentlemen, and over and beyond all theories in regard to the parasitic cause of tubercular disease of the lungs or larynx, that in most of these cases we have abundant proof of malnutrition and wasting. Do whatever else you choose and can, but first give your patients sufficient food to more than neutralize all waste or inanition. Some of these patients eat fairly well, have a tolerable appetite, but do not take *enough*. Give them more abundantly. Sometimes they can be persuaded to take large quantities of food for a while,—more than their appetite demands,—but soon food taken in this way disgusts even the best disposed and most yielding patient, and he finally declines to submit further. Then is the time to advocate strongly the use of the œsophageal tube for purposes of alimentation. Explain to him that lack of appetite, or repugnance to food when swallowed voluntarily, is no proof that large quantities, if introduced mechanically, cannot be thoroughly digested and assimilated. Numerous facts prove the contrary. You have only to read the remarkable histories first recorded by Debove and Dujardin-Beaumetz, and since verified, corroboraten, and amplified by Dr. Millard, of this city, to be assured that super-alimentation is possible in patients who have at first the most pronounced aversion for food.

In addition to super-alimentation, I would urge the necessity of continuous inhalation of dry vapors of certain volatile substances, such as creosote, carbolic acid, turpentine, iodine, eucalyptus, and benzoin. Since Curschmann, Roberts, Yeo, Pepper, and others have spoken favorably of these exhalations, I have made quite extensive use of them in both hospital and private practice. Judging by my own experience. I cannot believe that these inhalations, I have made quite extensive use of them in both hospital and private practice. Judging by my own experience, I cannot believe that these inhalations are able by themselves to effect very considerable reparative changes in larynges or lungs already far advanced in phthisical lesions. I am quite confident, however, that they often lesson very much the frequency and intensity of cough, deodorize and diminish somewhat the quantity of sputa, and give considerable relief at times to painful sensations, both in the throat and chest of such patients."

To alleviate the distressing and obstinate cough which sometimes resists all the ordinary measures, and to promote healing of the lung tissue, he gives intra-pulmonary injections. concern ing one patient, he says:

"One week ago I injected ten minims of dilute Lugol's solution into the second left intercostal space, in a ve.tical line with the left nipple, and to the depth of one and one-half inches. The effect of this injection was to lessen his cough very cough, and to make, as he states, his breathing somewhat easier. Today I shall repeat this injection over the same

region, and you will note the immediate result, It causes, as you perceive, but little pain, and, although the man coughs a few times immediately after the injection, and expectorates some thick yellow phlegm, the sputa are not even tinged with blood. This is not always true, for in a few instances, after making similar injections, there has been slight hæmoptysis. I have thus far made about seventeen or eighteen of these intra-pulmonary injections, and with satisfactory results, so far as the cough and dyspnœa are concerned. The patients in two or three instances have affirmed that the quantity of sputa had also lessened. As yet, I have not followed up any one case long enough to know what definite results I shall obtain with respect to the pulmonary lesion itself."

He says that he believes that these injections disinfect the contents of lung-cavities; they will modify and diminish the secretions from the walls of these cavities; they will tend to effect cicatrization and contraction of these spaces, usually filled with a material which is a constant source of peril to the patient."

The hypophosites and other recognized remedies may be used with the abvoe remedies.

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DR. R. J. KINKEAD, of Dublin, believes free drainage to be important as a preventive of puerperal fever. The vagina is a curved canal, and a pool of blood will accumulate if the dorsal position is maintained. All that comes away is the overflow. Syringing only partly remedies this. He believes that puerperal fever is largely obviated among the poor by frequent change of position and early getting up, thus securing free drainage of the lochial discharge.

———o———

COLD FEET.—As a remedy for this annoyance, woolen socks having separate receptacles for the toes, like a glove, will be found of great service. They should be made of pure sheep's wool, which, whilst a non-conductor of heat, yet does not interfere with free ventilation. These socks can be made to order; and in addition to their foot-warming properties, will prove of great value in the treatment of soft corns and kindred troubles, which are due to friction and crowding of the toes.

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IT WOULD appear from the collated observations of Dr. J. N. Upsher, of Richmond, Va., that the colored races of this country show a progressive physical enfeeblement, a greater mortality, and a lesser span of life than the whites. He intimates that they are slowly but surely following in the wake of the once-formidable Indian. But can the doctor show that they are decreasing in *numbers?* The negro race is very fertile, even under very unfavorable conditions.

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TARTRATE OF CHINOLINE is a remarkable antiseptic and germicide. A one per cent solution completely destroys the coagulability of human blood, and even a weaker solution renders propagating fluids sterile. It is, therapeutically, an anti-pyretic, useful in typhoid and intermittent fevers, and in neuralgia. Locally, as a gargle for the solution of false membranes, in a strength of one part to forty of water, it is useful.

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Winter Health Resorts.

To pulmonary patients of our Northern climate a winter's sojourn in a mild latitude is often of more real benefit than the practitioner's best treatment. The following information concerning the popular winter health resorts has been collected and will be found useful and interesting to physicians who find it necessary to recommend the Southern climate for patients. Brevity of space necessitates conciseness, and merely an outline sketch of each place can be given.:—

NASSAU.—The capital city of New Providence, one of the Bahama Islands, is a well-known and delightful resort for consumptives.

Climate remarkably healthful and temperature never falls below 64°, nor rises above 82°. The winter months are uniformly dry and clear. The city has a fine library, a museum and churchcs. Excellent hotel accommodations, $3 per day. Reached by Ward's line of commodious steamers from New York.

AIKEN, S. C.—A famous resort 120 miles from Charleston. The equability of climate is unsurpassed by any other health resort in the country. Mean temperature in winter is about 46 deg. Consumptives and rheumatics find a safe winter retreat in the genial climate and remarkably pure and dry atmosphere. Hotels and boarding houses afford accommodations at prices ranging from $10 to $25 per week.

Aiken is 36 hours by rail from New York, and has rail connections with all principal cities North. Fare, $24 to $30 from New York, according to route.

CHARLESTON, S. C., AND SAVANNAH, GA.—These charming Southern cities are delightful places for winter residences—affording all the comforts, conveniences, diversions, and other attractions of large cities, and enjoying theadvantages of that delightfully mild and genial climate peculiar to Southern winters. The mean temperature of Charleston is 50 degrees in

winter. Savannah is within the atmospheric influences of the Gulf stream, and has all the mildness of the tropics. Flowers grow in the open air throughout the year. The accommodations of the hotels at both these cities are excellent; rates, $2 to $4 per day. Boarding in private families can be had at $5 to $12 per week. From New York, Philadelphia, Baltimore, Charleston and Savannah, can be reached by first-class steamers. Fare, $20; time, 60 hours; or by rail—Fare, $23 to $30, according to route.

ST. AUGUSTINE, Fla., on the Atlantic coast of the State, is the oldest European settlement in the United States. It is 40 miles south of the St. John's river; mean winter temperature, 58 degrees.

Although a desirable resort for invalids, the northeast winds which occasionally prevail in January and February make it rather unsafe for consumptives far advanced in disease. Still the climate is beneficial to asthmatics, and consumptives yet in the earlier stages. Hotels and boarding-houses are numerous; rates, $3 to $4 per day, $8 to $15 per week. St. Augustine is reached by steamer from Jacksonville, by steamer from New York and Quebec, and by railroad routes.

FERNANDINA—50 miles north of Jacksonville, a seaport at the mouth of the Amelia river. Climate similar to St. Augustine. The climate is free from malaria, and the place is said to be the most healthful resort in Florida. The air, however, is rather strong for consumptives who have passed the earlier stages of the disease. The rates of living are somewhat lower than at St. Augustine. Reached by steamer direct from New York, Charleston and Savannah. By rail from Charleston and Jacksonville.

Jacksonville, on the St. John's river, is the most popular Floridian resort. The climate is salubrious. Its situation on the St. John's river is an attractive feature, and presents facilities for excursions by river and rail to other charming resorts. The hotel and boarding-house accommodations are excellent and numerous at prices ranging from $2 to $4 per day, and $8 to $20 per week. Reached by all rail routes from all points North, or by ocean steamers from New York, Philadelphia and Baltimore, running to Charleston and Savannah. Fare by rail, from New York, $37; via steamer and rail, $25.

THE famous Hot Springs, of Arkansas, are well known to all. The water is used for both bathing and drinking purposes. Rheumatism, gout, syphilis, and the various "blood diseases" are cured or greatly benefitted; however, nearly all kinds of invalids, excepting those suffering from pulmonary troubles, are recommended to go there. There are numerous hotels (among which is the New Waverly), and boarding houses, and the expense of living ranges from $3 to $25 per week. Reached from St. Louis by the St. Louis, Iron Mountain and Southern R. R.; distance, 413 miles. Fare, from New York by all routes, between $40 and $50.

Prescriptions Useful for Nervousness.

Tincture of valerian, tincture of hyoscyamus, equal parts. Mix. Dose a teaspoonful in water, three times a day.

Valerinate of zinc, one drachm; ext. of conium, 1 drachm; ext. gentian, 2 drachms. Mix and divide into 60 pills. Dose. One pill three or four times a day.

Tincture valerian, tincture hyoscyamus, spirits lavender, each 1 ounce; paregoric 2 drachms. Mix. Dose. teaspoonful every 3 hours till rest is procured.

Tincture cinchona, tinct. valerian, tinct. hyoscyamus, spirits lavender, each, 1 ounce; spirits camphor, ½ ounce. Mix. Dose. Teaspoonful 3 times a day.

Tincture scullcap, tinct. valerian, tinct. hyoscamus, spirits lavender, equal parts. Mix. Dose. Teaspoonful 3 time a day.

Fluid extracts of cimicifuga, cypripedium and scutellaria, equal parts. Mix. Dose. Twenty to thirty drops.

Tincture cannabis indica, ½ drach, camphor mixture, 1½ ounces; aromatic spts. ammonia, ½ drachm. Mix. Take at bed-time.

Extract of cimicifuga, ext. of scullcap, each 1 drachm; valerinate of quinine, 30 grains. Mix into 60 pills. Dose. One every 2 or 3 hours.

Extracts of cypripedium and hops, each 12 grains; extract of lettuce 4 grains. Make into 6 pills. Dose. One to two.

Fluid extract of cypripedium, pleurisy root, skunk cabbage and scullcap, equal parts. Mix. Half to a teaspoonful three times a day.

Extract of hyoscyamus, 30 grains; valerianate of iron, 1 drachm. Make into 20 pills. Dose. One pill 3 times a day in nervous affections of anæmic and debilitated females.

Bromide of potassium, 10 grains; tincture of conium, 30 drops; tinct. valerinate of ammonia, 20 drops; camphor water, 1 ounce. Mix. For a dose, repeating 3 times a day

When there is torpor of digestion joined with very marked sympathetic nervous disturbance, the following prescriptions are of great value:

Bicarbonate of soda, 3 drachms; dilute hyoscyanic acid 48 drops. Tinct. valerian, 1 ounce; ginger syrup, 2 ounces. Mix. Dose. A teaspoonful in water 3 times a day.

Sulphate of quinine, 16 grains; sulphate of strychnia, ⅓ grain; dilute muriatic acid, 1½ drachms; ginger syrup, enough to make 4 ounces. Mix. Dose. Two teaspoonfuls in water just after meals.

Bromide of potassium, chloral hydrate, each, 4 ounces; extract of hyoscyamus and cannabis indica, each 16 grains; alcohol, 2 ounces; water, enough to make 1 pint. Mix. Dose. Half to one teaspoonful.

The following is servicable in controlling the nervousness of those nursing the sick: Spirits camphor, 20 drops; spirits lavender, 1 drachm tragacanth mucilage, 7 drachms. For one dose, repeating every 6 or 8 hours. Its efficiency may be increased by the occasional addition of a glass of port wine.

The above are only for use during the attack, bearing in mind that the bromides are of service when the nervous system is irritated; when there is exhaustion they do harm. Chloral and alcohols should seldom or never be given, as persons of a nervous temperament are more liable to use them to excess. Nervousness is usually caused by sedentary habits, the use of tobacco, or liquors, mental strain, anæmia and debility.—L. H. WASHINGTON, M.D., in *St. Louis Med. Jour.*

DR. N. A. RANDOLPH, of the University of Pennsylvania, recently made some experiments upon Guinea pigs to test the relative nutritive value of bread made from whole wheat flour, from flour from which the bran was excluded, but retaining the remaining parts of the grain, and bread made from "white" flour. The best results were obtained from bread retaining all the parts of the grain except the bran. His conclusions are as follows:

I. The carbohydrates of bran are digested by man to but a slight degree.

II. The nutritive salts of the wheat grain are contained chiefly in the bran, and, therefore, when bread is eaten to the exclusion of other foods, the kinds of bread which contain these elements are the more valuable. When, however, as is usually the case, bread is used as an adjunct to other foods which contain the inorganic nutritive elements, a white bread offers, weight for weight, more available food than does one containing bran.

III. That by far the major portion of the gluten of wheat exists in the central four-fifths of the grain, entirely independent of the cells of the fourth bran layer (the so-called "gluten-cells"). Further, that the cells last named, even when thoroughly cooked, are little if at all affected by the passage through the digestive tract of the healthy adult.

IV. That in an ordinary mixed diet the retention of bran in flour is false economy, as its presence so quickens peristaltic action as to prevent the complete digestion and absorption, not only of the proteids present in the branny food, but also of other food-stuffs ingested at the same time.

V. That, inasmuch as in the bran of wheat as ordinarily roughly removed there is adherent a noteworthy amount of the true gluten of the endosperm, any process which in the production of wheaten flour should remove simply the three cortical protective layers of the grain would yield a flour at once cheaper and more nutritious than that ordinary used.

Health Scientifically Figured Out.

Huxley gives the following table of what a full-grown man should weigh, and how this weight should be divided: Weight 154 pounds, made up thus: Muscles and their appurtenances, 68 pounds; skeleton, 24 pounds; skin, 10½ pounds; fat, 28 pounds; brain, 3 pounds; thoracic viscera, 3½ pounds; abdominal viscera, 11 pounds; blood which would drain from body, 7 pounds. This man ought to consume per diem: lean beefsteak, 5000 grains; bread, 6000 grains; milk, 7000 grains; potatoes, 3000 grains; butter, 600 grains; and water, 22,900 grains. His heart should beat 75 times a minute, and he should breathe 15 times a minute. In 24 hours he would vitiate 1750 cubic feet of pure air to the extent of 1 per cent.; a man, therefore, of the weight mentioned ought to have 800 cubic feet of well ventilated space. He would throw off by the skin 18 ounces of water, 300 grains of solid matter, and 400 grains of carbonic acid every 24 hours, and his total loss during the 24 hours would be 6 pounds of water, and a little above 2 pounds of other matter.

DR. WILLIAM VANDERPOEL, of New York, recommends Fowler's Solution of Arsenic, in six- to ten-drop doses, three times per day, in neuralgia of the stomach. His experience with it appears to have been highly satisfactory in the cases reported.—*Independent Practitioner.*

A patient who manifestly mistook the fever thermometer for a catheter, somewhat nonplused her doctor when he was about to take her temperature, by volunteering the information that she had just urinated.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

CERTAINLY it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Treatment of Quinsy: Tonsillitis: Acute Inflammatory Sore Throat.

Editor MEDICAL WORLD:

This very common affection is familiar to every practitioner, and although of frequent occurrence, any new method of treating it that bids fair to give relief, will be welcomed by the practitioner as well as by the patient. Quinsy sore throat seems to be prevalent at some seasons of the year, especially in the fall months, during wet and changeable weather. Medical men are by no means exempt from it, and any one who has ever had it knows well the suffering it occasions. The usual remedies employed for its relief are familiar to the profession; but I will take occasion to give my experience in the treatment of the same. At the present time, the profession has had its attention called to the therapeutical use of a very simple, but very old remedial measure, and one by the way, that is withal rational; I refer to hot water. In England, some fifty years ago, a certain Dr. Walker published a collection of essays, and among them, one upon "hot water." In this essay he details his own attack of quinsy, and says while travelling in a stage coach in England, he was suffering from a very severe sore throat; so severe that he could scarcely speak or swallow. He stopped over at an inn, and called upon a physician to prescribe for him. The physician diagnosticated his case as a very bad quinsy, and ordered for him a medicine which "did not taste badly, and was not at all disagreeable," and the medicine acted very kindly, and soon aborted his sore throat. The remedy ordered was simply hot water, ("a kettle of hot water,") and he was ordered to gargle with it continually, and as hot as he could bear it. The physician remained with the patient for two hours, and told him to continue the treatment through the night, which was done. Dr. Walker states that he found relief at once from the hot water, and he continued gargling with it through the night, and in the morning he was so much relieved that he was able to swallow and take food. Dr. Walker adds that he had never before heard of this remedy being prescribed for a case of quinsy. (For the mention of this essay, I am indebted to the *Phila. Medical Times*, vol. xiv, p. 347.)

In the treatment of tonsillitis, I have prescribed hot water for more than twenty years, and therefore can speak from experience; but it is encouraging to be able to quote such a precedent as the above. Usually when a patient is attacked with quinsy, there is not only sore throat, but frequently fever, nausea, headache, pains in all the limbs, fatigue, restlessness and malaise generally. With the above are often associated gastric and bilious complications, and when the practitioner comes to the bedside, as a preliminary, before giving any medicine, he may rationally prescribe draughts of warm water. This should be given, say, a tumblerful every few minutes until some seven or eight or more have been swallowed. The patient will now begin to be nauseated, and soon he will begin to vomit; if the vomiting is greenish and the last that comes up is not clear, a repetition of the warm water should be taken, so as to produce vomiting again. After a second emesis, the patient will, to say the least, feel greatly relieved of his headache, and an impression will be made upon him favorable for the aborting of the attack. The physician has now an opportunity to proceed rationally in making a prescription suitable for the case. If he finds the tonsils greatly inflamed and swollen, he may proceed to touch them with guiacum tincture; this proceeding will at first cause a little pain, but the temporary pain will be immediately followed by a sense of relief. As an internal remedy, he may select either gelsemium tincture, aconite, or possibly belladonna. In the majority of cases gelsemium will be the best, and some twenty drops may be added to a glass half full of water, and teaspoonful doses may be given every hour or two. What is now most important, is to insist upon the patient gargling the throat every few minutes with hot water (110 to 150 degrees) and diligently keep this treatment up for a day or two, or as long as the inflammation continues active. Let any one try this method of aborting a quinsy, and he will be astonished at the results. The effects of hot water in calming inflammation are well known to surgeons, and it is time for the physician to avail himself of this practical, convenient and rational remedy. Dr. Salisbury, who may be said to be almost the founder of this practice, says: "If I was confined to one means of medication, I would take hot water."

The writer has treated a great many cases of quinsy after the above method, and can speak highly of the results; many of them have been actors, actresses and opera singers, (some of them were prima donnas, and among the most celebrated that have ever appeared in our country,)

and they have almost universally expressed their gratitude for relieving them so soon; and they have also stated that they had never found relief so soon in previous attacks of the same disease, by any other method of treatment.

Regarding the use of tincture of guiacum in inflamed sore throat, I would say that I first learned of its uses from Dr. James Prosser, physician to the Hospital for Diseases of the Throat, London. I have used it frequently and found his recommendations of it fully confirmed. I frequently use it in ordinary sore throats of an inflammatory nature, and find it indicated in pharyngitis, as well as in tonsillitis. When a patient comes to the office complaining of great pain from an inflamed throat, I usually pencil it with guaiac, and after a few moments they will experience the greatest relief. Its action is such as to allay the swelling and abort the affection, if it is only applied early in the attack. I am pleased to say that cases of quinsy treated in accordance with the above named plan, by the applications of guaiac and hot water, will be cured usually within a week. The recommendation of these two remedial agents should of course be accompanied by the internal administration of other remedies, such as may during the course of the disease be ratinoally indicated.

T. Griswold Comstock, M. D.
St. Louis, Mo.

Hot Water.

Editor Medical World:

Dear Doctor.—Permit me for the benefit of those few practitioners who do not own a $20,000 house with hot water in every room, from garret to basement, tell how I kept water hot for 24 hours without fire or heat (except latent heat.)

I own an ice water "cooler," or whatever name you choose to give it. They are as plentiful as "hen fruit" and blossom during the dog days, in railway cars and in the irrepressible hash houses of our great and glorious, etc.

Now as their occupation is gone, I put mine to a moral use with excellent results. What will conserve *cold* will conserve *heat*. I introduced my cooler to the kitchen boiler, which had been charged with H_2O at 212 deg. F., and putting in a gallon or so to warm up my "cooler," I let it stand 15 minutes, then I dumped it out and charged "cooler" with H_2O at 212 deg. F. to the brim. Then I put on his cap and walked him up to my office. It was freezing out side, and I put an old ulster on top of the cooler. I had no fire in my office and its temperature was about 40 deg. F.; 24 hours afterwards I tested the water and my thermometer gave 125 deg. F.

I have struck a lead in hot water, and have it at any hour of the 24, from my "cooler." I only charge once in 14 hours. No more struggles with the tyrant of the kitchen on the hot water question. When hot water is wanted in a hurry I have it. Young men who have taken $500 and gone west, east, north or south, go and do likewise.

Hecter Smith, M.D.
New Rochelle, N. Y.

Maggots in the Ear.

Editor Medical World:

The September number of the World came to hand this morning, the contents of which I have already devoured, and I assure you I enjoy them. Among them there is an article on the above subject, from N. L. Folsom, M. D., Portsmouth, N. H., which he considers a rare phenomenon, having seen but the *one* case in a forty years' practice. In my short practice—*one-quarter* of his—I have found four or five such cases, the maggots measuring more than an inch in length and from two to three-sixteenths of an inch in thickness, presenting a lively and sickening appearance. I have never been so generous as he was to remove them myself. But they were always very easily removed by a strong carbolized wash, using sweet-oil and acid carbolic, one to ten, for several days thereafter, when the cure was complete. D. M. B. Thom, M. D.
Mardin, Turkey-in-Asia, Oct. 4, 1884.

Pieces of Glass Passed Through the Digestive Tract.

Editor Medical World:

I notice in December number of World Dr. Markley's case of glass swallowing. In my practice some years since, I had a similar case. A child two years old got hold, in some way, of a small thin prescription vial, and bit off the top and swallowed it. I was called at night, and was simply in the same condition of Dr. M. I did not know what to do; but as the generality of our patrons expect the physician to do something, and having some pulverized slippery-elm bark with me, I made a pretty thick mucilage and fed it to the child until I got the stomach as full as possible. Next morning I ordered a full dose of ol. ricini. When oil operated, some twenty or more pieces of bottle passed from the bowels, thoroughly enveloped in slipper-elm mucilage. No bad effects followed, child apparently as well

as if nothing had happened. I do not think such cases common, at least I have not met with any but this one. Inasmuch as we have no specified rule of practice in such cases, the physician should rely on his own common sense in cases of this kind. I think that the doctor's course was about as good as any of us could have followed.

JAMES R. WILCOX, M. D.
Colorado Springs, Col.

Medical Books of the Present Day.

Editor MEDICAL WORLD:

As time passes on, year by year, we cannot but notice that the manner and customs of people change. The people of our day and generation have not the same good and steady habits, or the same sound ideas that were possessed by their fathers and grandfathers. This, however, should not astonish us; for we are told that this is the "progressive age." (?) We doubt not that it is the *fast* age, for we see both men and women in all the walks and avocations of daily life striving to crowd their "three score years and ten" into half that time. In everything a vast and material change has occurred.

The ideas and tastes of the people of to-day are widely different from those who lived even fifty years ago.

It has been said that "we grow wiser, but weaker," and as far as this saying relates to authors of medical text-books, there is, to a certain extent, a great truth told.

I believe I have a valuable collection of medical writings, some of which date far back into the sixteen hundreds. I prize them for two reasons: first, for their antiquity, and second, for the clear and comprehensive manner in which they teach the science of medicine.

I recognize the fact that *wonderful* advancement has been made in practical medicine during the last two centuries. To prove this, it is only necessary to consider the benefit afforded for this object in the existence of our hundreds of public hospitals and dispensaries.

As for theoretical medicine, by which I mean that which is taught or learned through text-books, I hardly believe that any improvement has been attained.

The writings of the past are the mirrrors which now reflect the hard study and researches of their authors. How widely they differ from many of the writings of shrewd men of the present, whose books benefit no one, professionally or otherwise, and whose value is only as a monument of their author's egotism. I hope I may not be understood as being an antediluvian, and opposed to all recent publications. All truly worthy work that may benefit and enlighten, or preserve the good which has already been made manifest in the interest of our noble profession, should be spread broadcast; but I cannot but believe that many of the text-books published within the last decade were written with these objects in view: The unsuspecting and cheap manner of gaining notoriety (which is advertising), and the revenue which might accrue from their sale.

There are numerous text-books which contain too many chapters on *I am*. I invented this, and this, etc. For the benefit of the medical student or the practitioner, these books are of no value. There is too much self opinion manifested and too much selfishness in claiming honors. This claiming of honors is also true in reference to some of our distinguished teachers. Not long since I attended a clinic at one of our established and graded medical schools, and to my surprise I heard Prof. ——— claim the copyright to a certain mode of treatment in a certain malady. Whether he was poorly "posted" in the writings of Dr. George Gregory (1830), or whether he had accidentally dreamed of the identical mode, I am not going to pass opinion. I merely recall this to carry out the subject for further reflection. What in my opinion is required for the benefit of our profession, is—fewer text-books, fewer medical schools, fewer *eloquent* professors and more good, sound and practical medical journals.

RAHWAY, N. J. P. W. BURDGE, M. D.,

Chronic Otorrhea.

Editor MEDICAL WORLD:

I will briefly discribe a case of chronic otorhoea and its treatment. Patient, a young man in fair health, a day laborer on a farm, has had a constant discharge from one ear for about eleven months. The discharge purulent, profuse and fetid. An examination of ear showed that the membrana tympani was destroyed and hearing much impaired.

Cleansing the ear with injections, the use of powdered boracic acid alone and combined with resorcin by insufflation into the ear, and sulphide of calcium internally had all been tried in his case, still the discharge from the ear continued. Suspecting that there was some scrofulous taint existing, I prescribed:

℞	Hydrarg. iodidi rubri.....	gr. ij
	Potass. iodid.....	gr. v
	Aquæ pur.....	f. ℥ ij
	Mix and dissolve, then add:—	
	Syrupi simp.....	f. ℥ j
	Syrupi ferri iodid. (Squibb's).....	f. ℥ j

M.—Sig. Half, gradually increased to one teaspoonful in water, three times daily. If patient is very susceptible to the action of iodine, give in smaller doses.

I used injections of a saturated solution of boracic acid in the ear, or wiped out the ear with absorbent cotton and used powd. boracic acid alone or combined with powd. burnt alum once or twice a week. With this treatment the discharge soon lessened and within a month it ceased entirely. The patient is greatly pleased with result, and says the medicine he has been taking has made him feel stronger and better than he ever did before in his life.

This case of chronic otorrhea is not reported because it is in any way rare or remarkable, but simply as representing a large class of cases of the kind found in practice, and also especially to enforce the idea that careful attention should be paid to *internal* medication in chronic discharges of the ear, particularly if there is any scrofulous taint present. In syphilitic cases it would of course be still more essential.

The red iodide of mercury and the iodide of potassium in the above formula make a new compound, the iodohydrargyrate of potassium in solution. But very few works on materia medica describe it, or speak of its virtues. When combined with the syrup of the iodide of iron it forms one of the best remedies in scrofulous cases, as in the foregoing example, and in the syphilitic it would of course be much more efficient.

W. J. HAINE, M. D.

WEST FARMINGTON, Ohio.

Treatment for Bronchocele:—Treatment for Burns.

Editor WORLD:

Three years ago I was the "new doctor" at this place. Of course the chronics gave me a trial. Among them was Mrs. R. H., age 38, dark complexion, billious temperment, good family history, never had any disease since childhood except bronchitis, and mother of four healthy children. Ten years ago she first noticed a "tumor in the throat" (bronchocele). It grew quite rapidly for a year, during which time she consulted several physicians and was treated with pot. iodide internally and ung. iodine r. iodine etc., for six months with no benefit. At the time of first visit to my office, it had not been growing for five years. The neck measured twenty-two inches. Here was a chance to make my reputation. I told the lady I felt confident of success, (I lied), and for her to call again in four days. She did so. I had not been idle. I had my hypodermic syringe charged with a mixture of:

℞ Iodiformi ..... gr. xx
Glycerinæ ..... gr. ij
M.

I injcted ten minims of this mixture into the centre of the tumor, aud directed her to call again in four days. I repeated the injection thrice at intervals of from four to six days, with no perceptable effect. After the fourth injection I substituted:

℞ Ergotine ..... ℥ xxx
Glycerinæ .....
Aquæ dest .....āā... ʒ ss

Of this I injected gtts. v., and repeated the operation four times at about the same intervals as above, in different parts of the gland. I discharged the patient cured, the neck measureing thirteen and a half inches and no perceptable enlargement. Since then I have treated five cases with a like result. I have tried iodiform and ergotine separately and together, but the best result was produced by iodiform first and ergotine after. Will the readers of the WORLD try this treatment and report through its columns?

I wish, also, to mention a treatment (not new) for burns, viz: a paste made with soda bicarb. and alcohol. I have used it in extensive burns of the face and hands with the result of instantaneous relief from pain, and no sloughing. I keep the paste moist with alcohol applied directly for twenty-four hours, then replace the alcohol with water, and use no other treatment. Doctors, try it.

W. A. QUIGLEY, M. D.

CALLIOPE, Iowa.

Typho-Malarial Fever.

Editor MEDICAL WORLD.

As Typho-Malarial Fever is now essayed upon a good deal in the journals, and seems to be imperfectly understood, at least by some of the profession, let me give a synopsis of what I have gleaned in eleven years regarding this, I may say, peculiar disease. Situated as I am, my opportunities have been favorable to study its nature.

It is pre-eminently of a malarial origin, notwithstanding it partakes of the nature of typhoid, as its name suggests. The proofs of this theory are that it is effectually killed out by frost, and that the only potent remedy is sulph. quinia, the great malarial antidote. He who treats it in any other way will four times in five lose his patient.

The only differential diagnostic symptoms from typhoid fever are a *sudden* rise or fall of temperature, and absence of *tympanites*. I have known this fever to partake of every feature of typhoid fever except these two symptoms, which are characteristic of the typhoid.

Bronchial irritation, tenderness in left illiac fossa, diarrhœa, epistaxis, and in rare cases hemorrhage from bowels, are present. On the other hand, in typhoid fever there is always tympanites, and but little variation in temperature. An aphorism I learned from Dr. Da Costa while a student in Philadelphia, has always served me so truly and accurately that it should be "written in letters of gold." It is that whenever there is a *sudden rise* or *fall* of temperature in any fever, there is a certainty of it not being typhoid.

I can not describe treatment any better than to quote the language of Dr. Geo. B. Wood on congestive fever: "Your first thought, your last thought, and almost your only thought, should be sulph. quinia." For an adult I usually give from 20 to 30 grains in twenty-four hours until cinchonism is produced. It is wonderful what amount of quinia can be tolerated under such circumstances. I have given as much as an ounce (20 grains daily) to a delicate female before symptoms of cinchonism developed.

Before concluding, I desire to say a word on substitutes for quinia. Any physician guilty of this gross impropriety in any form of malarial fever should be criminally responsible in case of death. There is absolutely *no substitute*, and any doctor who attempts it is only trifling with life.

C. S. ROZZELL, M. D.,

DENVER, N. C.

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What is It?—Pernicious Fever?

Editor MEDICAL WORLD:

I carefully read Dr. Thornton's article in August WORLD when it was received, and re-read it a few days ago. With all respect for the honest opinions of all the members of the profession, I will say that I agree with the doctor.

With the details furnished in the article, I believe that the case was malarial fever, with pernicious symptoms. It was a double quotidian—exacerbations and remissions occurring twice in twenty-four hours. We quote Dr. T.: "D. A., a white youth aged 12, had a chill, followed for several days by continued fever of a low grade, pulse generally sinking suddenly at noon and at night, often without medication; large doses of quinine seemed to aid in producing the prostration, which was of an intensely nervous character in every instance." Dr. Usher, in October number, says: "Like Dr. Thornton, I have had very poor success when I used and relied on sulph. quinine, it seeming to aggravate the case." Large doses in such cases will frequently have that effect, producing congestion of the capilliary circulation and collapse when given on the decline of temperature; but if administured at the proper time and doses to suit pathological condition, sex, age, and temperament, it will cure. (See my article in September No., page 161.) In those extremely nervous cases (pernicious) when the pulse begins to sink, we use stimulants, &c.; on the rise of temperature (reaction) we give sulph quinine, and we do not have many sinking spells. If sulph. quinine had been given from the first to meet existing conditions, the disease would have been subdued in a little while. Prompt and active treatment is imperative. There is no disease that assumes a greater variety of symptoms and complications than pernicious fever. It may be intermittent, remittent, or continued, with diarrhœa, bloody and fetid discharges from bowels, or with stubborn constipation and tympanitis, kidneys and bladder affected, congestion of liver and spleen, bronchitis, irritation and congestion of the lungs. A large volume could be written on the subject of malarial fevers, but time and space forbid. Dr. U., in October No. says: "We call it typho-malarial fever." I fail to see the characteristic typhoid symptoms in the case; the curve of temperature would suit a congestive or typhus form of fever more than typhoid. Dr. Hartshorne, says: "Typho-malarial fever had its origin in the circumstances of the late war, and is now altogether a matter of history." We quote from Dr. U., "I use hydrarg. chloride mite in grain doses, repeated every hour until six grains are given to a child of ten years; and at the same time I give spirits terebinth. gtts. iv or v every two hours." If typho-malarial fever was treated with mercury in this country, two-thirds of the cases would die. The constitutional endurance of children in Louisiana to the effects of turpentine must be greatly in excess to what it is in Texas.

I have not seen a case of old fashioned typhoid fever for years, and typho-malarial fever is rather scarce, too. When it occurs in this country, it is severe; very little treatment is needed; good nursing is two-thirds of the battle, with sulph. quinine, one grain every 3 or 4 hours, and antiseptics to meet pathological conditions. Mercury does harm. A discrasis of the blood existing, the hydræmic condition calls for tonics and stimulants. Too much treatment is a great deal worse than none. Dr. U., says: "Now while Dr. R. has admirably described pernicious or congestive fever and also the treatment of the same, I think he is mistaken in the diagnosis of Dr. T.'s case." And again, "If Dr. T. will refer to Flint's practice, I think he will agree with me as to the diag-

nosis of his case." Doctors will disagree. Pernicious fever and treatment was partly described, not congestive fevers. The doctor of course knows the difference. Congestive fever is of a typhus form, but not true typhus. We have known physicians with "Prof." before their names, and A. M., and M. D., to follow after, to make as wide a mistake as has Dr. U. In thirty years practice in malarial districts I have yet to see quinine do harm when given at the proper time and in proper doses. It matters not what complications exist; if there is malaria as one of the factors, if the fever assumes a periodical form, let it be typho-malarial or any other complication under the sun. We give quinine at proper time and in doses to meet existing conditions, and we always succeed in knocking the malarial prop from under. It is that which intensifies and perpetuates those complications so often met with in malarial fevers.

E. CARMICHAEL ROTHROCK, M. D.,
ATHENS, Texas.

A Diagnosis Wanted.

Editor MEDICAL WORLD:

I was called to see Mrs. S. about 5 a. m. About 8 a. m., she was delivered of a girl baby with very easy labor. The mother and child both did well until the night of the eighth day after confinement. The mother was then taken with a very acute pain in left temporal region. She describes it as very severe and throbbing. Thinking it of a neuralgic nature, I put her on heroic doses of gelseminum followed by quinine; but no relief; could hardly control her with chloral and bromide. The patient being plethoric, I resorted to venesection. Still the throbbing pain continued. Next morning I bled her again. Still no benefit. The woman was nearly frantic; no rest day or night; almost having convulsions. As a last resort I applied a cantharides plaster over seat of pain, and as if by magic the pain disappeared. Now this pain continued five days and nights. All treatment was of no avail until I applied the fly blister. What was the nature and cause of the pain?

S. W. HOPKINS, M. D.,
SARCOXIE, MO.

Asclepias Tuberosa—(Pleuresy Root.)

Editor MEDICAL WORLD:

I noticed in the December WORLD that Dr. Palmer speaks very higly of *Asclepias tuberosa*, and that it is the principle ingredient in his "Cough Balsam." I have often heard of his cough balsam, it being very highly spoken of, and have no doubt of its efficacy as I have used *Asclepias tuberosa* for quite a number of years in my practice, and have found it an excellent remedy for all forms of pulmonary troubles, and especially in connection with that excellent expectorant *Prunus virginiana*, which I think possesses very strong anodyne properties, and hence in connection with asclepia forms an excellent cough balsam. I have generally used them in the following proportions:—

℞ Fl. ext. asclep tuberosæ.....
Fl. ext. pruni virginianæ.....āā... ℥ j
Glycerinæ, or syrupi..... ℥ ij

M.—Sig. A teaspoonful anywhere from every half-hour to every four hours.

This is also very beneficial in all cases connected with pleuresy; but of late years I have mostly used the following as a cough medicine with even better results than the above:—

℞ Fl. ext. marubium vulgare.....
Fl. ext. pruni virginianæ .....āā... ℥ j
Glycerinæ, or syrupi..... ℥ ij

M—.Sig. A teaspoonful from every half-hour to three or four times a day.

Dr. Palmer thinks the profession is, as a rule, almost criminally ignorant of the virtues of *Asclepias tuberosa*. I think he could have safely added a large number of our common vegetable remedies which have been, and are being, overlooked for remedies discovered in foreign climes and of high sounding names, but often of far less virtue than some of our own, and which are far less expensive to doctor and patient.

N. A. HERRING, M.D.
BREMEN, Ind.

Answers to Dr. Putnam's Questions.

Editor MEDICAL WORLD.

I was somewhat amused, though interested, in reading the twenty questions propounded by Dr. Putnam, in your last issue. The questions referred to are timely and well worthy of attention from members of our profession. their evident intent is to obtain the most correct word picture of an ideal doctor. When we are all agreed as to what the necessary requisites are, then it will be a comparatively easy matter to arrive at a final conclusion as to what a physician ought and ought not to do, to approach the chosen standard of excellency. But until that time arrives, we must act as our own oracles in regard to the matter in question, and answer the questions according to the light we have at hand. The questions might be answered from a moral stand-point, or as a matter of policy. I shall, in the main, adhere to the latter mode, presuming that to be the one the writer desired.

I think the first four questions, viz.: Should a physician use tobacco? Should he indulge in stimulants? Should he resort to narcotics? Should he frequent hotels or saloons? would receive an almost unanimous answer in the negative from the profession, for even those of our number who indulge in any of the above named habits, cannot but admit the pernicious results of the same on our practice. In almost any neighborhood there are persons who will not tolerate these habits in their medical attendent; they will accept of the services of one of inferior knowledge, rather than be compelled to go to the saloon to find their doctor. Then we all must admit that such practices are detrimental to health as well as depleting to the purse, so we will dismiss the first four, and proceed to answer the others singly, or in groups, so as to dispose of them as briefly as possible (brevity is the rule with the WORLD).

As time advances, our ideas of upholding the dignity of our profession are somewhat modified, as compared with former times. The time was when the doctor was looked up to as one of superior intelligence, not only concerning his own profession, but regarded as authority on matters in general; now the masses, with few exceptions, enjoy the advantages of a good liberal education, reading and thinking for themselves, so that there is a more general mingling of all classes together, and a free exchange of ideas on all leading topics, so that the chasm is bridged over, and we meet on a common level. Taking into consideration these facts, it does not seem so out of place for a physician to be seen at a skating rink, indulging in the sport, or on the ball ground, though the law of self-preservation would, or ought to compel him to desist from taking a part in the game. The mere fact of his being present and witnessing these amusements, or the performances in a circus would have but little influence against him with the masses; the same might be said in regard to his attending lodge meetings, providing always, that he observes a due amount of moderation in his attendance on these amusements, and leaves word on his slate, telling where he may be found in case his services are needed.

I can hardly conceive of a physician who makes any pretension to practice, who would be so carried away as to take the stump for any political candidate, whether he be Prohibitionist, Democrat or Republican, or go about the country lecturing on temperance. The fact that he did so would preclude the idea of his attending to his practice, ai d he would deserve to be deserted by his former patients who had need of his services when absent on such a mission.

Physicians are supposed to be animated by the same patriotic feelings as non-professional citizens, and ought to use their efforts towards putting good men in office. Indeed, I see no good reason for his withholding his efforts to accomplish that end, though in a campaign noted for such virulence of feeling as the one recently closed, he might by so doing engender personal animosities that would not accrue to his benefit financially.

"Should he connect himself with any business other than his practice, which would require any of his time or attention?" The answer to this (the 19th) question, necessarily includes the same for the 16th, 17th, 18th and 20th. It could be answered in either the affirmative or negative. The main element to be considered, is the amount of leisure he has at his disposal. There is no impropriety in his attending to any other legitimate business, providing the time for his practice proper is not infringed upon. Many successful country practitioners find time to devote to the drug business, act as coroner, examine for life insurance companies, etc. It is a grand thing to be kept busy with some useful and lucrative employment. Of course, it would be more agreeable to most physicians to have a practice large enough to keep them busy, so that it would not be necessary to do outside work. As to filling the office of Sunday-school superintendent, there certainly could be no valid objection, providing he has the time, and is properly qualified for the work, and should there be no one else to fill the position. Under such circumstances his acting in such a capacity would be commendable rather than otherwise, besides being a happy change, tending to divert his mind for the time being, of the memories of poor suffering humanity, substituting grander and better thoughts, besides helping along the best cause that mankind can be engaged in.

Now, but one question remains unanswered, and that is, "Should he interest himself in 'blooded stock' so-called?" That depends entirely whether he allows this proclivity to be the reigning motive of his life. If such is the case he had better give up his practice, and follow that more in accordance with his taste. Indeed, we all feel more or less of an interest in the fine grades of cattle, horses, sheep, and swine, but the methods for such improvements in raising blooded stock ought to be willingly assigned to the professional breeder of animals and to farmers, who are the ones chiefly interested. There is nothing that disgusts some people like seeing their physician assume the role of a horse jockey.

COHOCTIN, N. Y. T. B. FOWLER, M. D.,

Replies to Dr. Putnam's Questions.

Editor MEDICAL WORLD:

In reply to Dr. F. W. Putnam's queries in December number of the WORLD, which I think are very pertinent, allow me to say, that to my own satisfaction I can answer them, and really is not that about the best any of us can do? I will answer them by number as propounded.

1. No; still I cannot see that a fragrant Havana will injure his business unless it be to deplete his exchequer.
2. No.
3. No.
4. Visit hotels only professionally, and saloons never.
5. No.
6. Yes, always professionally, taking with him a supply of splints, arnica, adhesive plaster, and pocket case of instruments.
7. No, unless it be *human stock*. I believe if our profession would pay as much attention to breeding children as some people do to breeding bull-pups and fighting-cocks, the world in the next generation would be far better off. Who says No?
8. No.
9. Yes, but only on the effects of alcohol on the human organism. Educate the people.
10. No; but it is his duty to *vote* for such a candidate.
11. No.
12. No; not if he expects to be good for anything else.
13. Yes.
14. No. Depends on what kind of "lodge" it is.
15. See answer to 6.
16. Never heard of a man who was a success as a physician and superintendent of a Sunday-school at the same time.
17. The office of Coroner may not be a desirable one to the physician, but no other man should fill it.
18. If in a small town, *yes*; if in a large one, *no*.
19. No.
20. No, except as a teacher or lecturer on subjects pertaining to public health, and then it would be as a physician.

Now, Dr., let me add one more question to your list, about as follows:

Is, or is it not policy, for a physician to be known as a *positive man* on *all* questions relating to morals, politics and religion; not being afraid to express his honest convictions, and maintaining them on all proper occasions, and to that extent that all who know him can tell *where* and *how* he stands on all such questions every time?

I hope to hear from several of the WORLD's "household" on this point, and may be on a future occasion, if the WORLD's pages are not too plethoric, and the editor keeps on his good behavior, I will have something to offer concerning Positive Doctors.

Yours, honestly,
ELMORE PALMER, M. D.

BOULDER, Col., Dec. 11, '84.

Brother Putnam's Questions.

Editor MEDICAL WORLD:

Enclosed please find one dollar to continue my subscription to the WORLD, *the best dollar's worth of the year to me.*

In answer to Brother Putnam's 20 questions in December number, allow me to say that I do not believe that because we are physicians we are therefore debarred from taking a reasonable amount of relaxation from our professional duties; but with the Apostle Paul "Whatsoever things are true, honest, pure, lovely and of good report," these we may do, but at the same time be *temperate* in their use, as in all things. It is my belief that all men should enjoy God's beautiful world and its pleasures as fully as is consistent with his profession and surroundings, and each man must judge for himself how much is proper.

Very truly yours
J. D. WYATT, M. D.

PHILLIPS, WIS.

Sociability.

Editor MEDICAL WORLD:

I believe there is no other one trait of character that so rapidly and surely makes a man, in our profession, as sociability. Of course it applies in a degree to all professions and avocations, but particularly so to the doctor and real physician; and it is the chief factor in the success of quacks. Without it we may do moderately well, as many others have done, but with it we can better and more completely fill our mission in life.

In the clergy, all preachers are not pastors; and just so in our profession, all doctors are not real physicians. The real physician is he who by his address and special faculty, can win a place in the hearts of his patrons, that is closely allied to the sacredness of the pastor's position there, and then knows how to use entrusted confidence.

The didactic lectures given in our colleges teach us nothing regarding the requisites to be

a real physician; we must learn them by observation or in some other way, if we do not already possess them. To do our duty to the whole people of our community as well as to ourselves, we must conquer self and lay aside forever, much that is by nature in every man, and be sociable and affable at all times toward friend and foe alike, and let the goodness that is in us prevent us saying anything when foes malign, as our modesty forbids us saying anything when friends praise. We must ingratiate ourselves into the good wishes, at least, of all the people, though a portion of them credit us with but half or even none of our professional ability. I must admit that I was not awakened to this valuable aid until there came a Mrs. Dr. Bitters, who taught me its advantages, and I have surely profited. (So much for a wife, Mr. Editor.) Another thing, a man's personal appearance does much for or against him. There is nothing a lady likes so well in her physician when he comes to her bedside, as to see him neat and clean, his toilet in good taste, a Christian, a God-fearing man.

To all of Dr. Putman's questions in December WORLD, I answer in the negative, except the sixteenth. F. P. BITTERS, M. D.
RENSSELAER, IND.

ANSWERS, ETC.

Editor MEDICAL WORLD:

Dr. C. A. S. asks advice relative to a case of itching of the hands and feet, with swelling, etc. He writes that the hands begin to swell, get quite red and the patient can not scratch them enough.

1. Does the patient eat buckwheat?
2. Does he smoke heavily, or does he work in tobacco?
3. Does he handle lime or any iritating substances while working?
4. Does he wear woollen gloves and hose colored with poisonous dyes?
5. Has he any idiosyncrasy? If so, oysters, clams or fish might effect him.
6. Has his urine been examined? or has he any symptoms of derangement of the kidneys? The urates play havoc with the functions of the skin oftentimes when floating in excess through the capillaries.
7. How is the liver?

Torpid liver often causes a disturbance of the functions of the skin.

I judge that a brisk cathartic, followed by the following formula will help the case in question:

℞ Potass. acetate..... ʒiiss.
Tinct. hyoscyamus..... ʒj
Infusion long buchu q.s. ad..... Oj.
Mix.—Dose, a teaspoonful 3 or 4 times a day.

The puffiness of the hands and feet indicate a disturbed circulation, owing no doubt to inactivity of the kidneys, liver and stomach. Diatetic rules should be observed as well as the treatment above named.

I know of persons who can not eat oysters or buckwheat cakes without suffering the most intense agony from itching, and even a multitude of sores and blotches. Buckwheat straw will cover hogs with mange or scurf if they lie in it.

L. R. Markley, M. D. describes an interesting case. Many of the symptoms point to carsinoma of the great curvature of the stomach, accompanied by dilitation of that organ. Often times the auscutatory sounds are very misleading.

I had a patient with impaction of feces that had nearly all the symptoms of abdominal aortal aneurism. Clysters and manipulation removed all the symptoms. One case so misled me that I was ashamed of myself. I pronounced it aortal aneurism, but the post mortem examination of the heart showed a fibrious shred extending from the venticle into the aorta. The sound was conducted to the abdominal aorta so distinctly that any one listening with a stethoscope could hear a loud blowing or friction sound coupled with a strong pulsation, the vibrations shaking the stethoscope visibly. One can not be too careful in a diagnosis. Go slow and sure is the best motto.

I was called to see a young lady who had what she called "a terrible beating in her belly." Examination by palpation and auscultation gave very marked evidence of aneurism, but the girl had had an abortion with great loss of blood. After the flooding she complained bitterly of the pounding in her "lower stomach." The attending physician had given her large doses of ergot and stopped the hemorrhage promptly; as soon as the flooding ceased, the orterial agitation began.

I prescribed bromide of potassa and aconite which controlled an attack of hemorrhage and no arterial thumping followed. Now I reasoned that the ergot might have been the cause, but how I could not divine, unless it contracted the arterioles so generally that the *vis a tergo* was concentrated upon the larger arteries and this caused the remarkable agitation.

This may appear too hypothetical, but we will let it stand. Cystic growths in one or both kidneys, cancer of the spleen, or hypertrophy of the liver or spleen may cause displacement of and agitation of the abdominal aorta, misleading in the diagnosis.

I have not attempted to infer even that the doctor has not an aneurism to contend with, but thought in this connection it might be

apropos to drop a few hints relative to our liability to make errors in diagnosis. I hope it may do us all a little good.

M. M. BROWN, M.D.

ITHICA, N. Y.

Random Thoughts on Various Subjects.

Editor MEDICAL WORLD:

I have just finished reading the December number of WORLD. Your journal reminds me of the sharpshooters of an army. You do not depend on the artillery roar of noted names in medicine to say over and over the same things "just to fill up" columns; nor the Gattling volleys of hospital clinics; nor long-range shells of theory from the mortars of *modus operandi* (all well enough in their place, however); but the sharp keen cracks of experience from the rifles of every day country practice, going straight to the mark without any "how, why, or wherefore" of explanation. These, brief, terse, pungent articles are refreshing to the busy practitioner in his snatches of leisure, and for its price I regard the WORLD as the very best periodical of its kind, though many correspondents ask questions therein which show them young in the harness, deficient in library conveniences, or too indolent to hunt up in proper channels what they ask light on.

Let me briefly touch on such things in your last issue as I think will bear remarks from your readers. Answering Dr. Putnam's queries first —I do not think any set rules of life or conduct can apply to *all* physicians alike. The body professional is too large, surrounded by too diverse circumstances, and composed of too many types of men and temperaments for all parts thereof to be regulated alike. But generally speaking, I think the physician should be always and ever a gentleman in dress and deportment, dignified to a reasonable degree, but not frigidly pompous, abjuring all habits which are disgusting to refined patients (to whom he must minister), or tending to cloud his brain or unsteady his nerve. He should be a doctor first, a man afterwards, avoiding habits of idleness and dissipation of every kind, but not abjuring recreation and pastime within due bounds. The nearer he sticks to his profession with an eye single to eminence therein, the greater will be his merit, his fund of medical knowledge, and his professional—but not always financial—success. In politics, religion, and other great moral or social questions, he is fully entitled to his opinions as other men, and need not hide the same in cowardly manner, but on the other hand the less actively he obtrudes such opinions on those who honestly differ with him the less offense necessarily follows, and the more extensive must be his field of medical usefulness. Nevertheless, there might be times, circumstances and places where the physician, respected for his intelligence and learning, and recognized as a moulder of social public opinion, might consistently "pose" as a reformer. More anon on this subject if the doctor's queries provoke discussion in the WORLD.

Dr. Abbott's case of urinary retention may result from the periodically congested uterus sinking down in the pelvis and compressing the ureathra during menstruation; or congestion and swelling of the ureathral mucous membrane may attend the molimen of the womb, occluding the urethra; or it may be purely reflex in character.

To Dr. Markley let me say that persons have cultivated the habit of eating glass as a business, exhibiting themselves as spectacles; and these individuals have eaten one or even more tumblers, wine-glasses, watch crystals, and bar glasses, with impunity. So, too, pins and needles in large numbers have been devoured by insane people, and no marked trouble resulted. The digestive tract has given transit to many remarkable things. I recently reported, through the columns of the *Cincinnati Medical News*, a case where a three-year-old child passed the *breast bone of a chicken entire*, with convulsions attending its presence in the rectum, but no other bad results. This was the whole bone—not that part called the "wish bone" alone. One instance is on record where a watch was swallowed and traversed the length of the intestinal canal; and I think more than one case of such happening to false teeth has been reported.

Dr. C. A. S., of Farley, Iowa, reports a case of brief but frequent swelling of the feet and hands, with pruritus and formication. I have seen such cases resulting from various causes. It is a sudden vaso-motor disturbance, a dilitation of the capillaries as seen in the transitory wheal of urticara, and may arise from indiscretions in diet, from fatigue, and other causes of derangement, but most comes only from a gouty state of system in robust, sanguine individuals who need diuretics to eliminate urates and who will bear watching.

Dr. Markley's other case seems to be an aortic aneurism, as well as can be made out from a mere written description. The fact that the symptoms are not "pronounced" enough does not militate against such a fact; and if an aneurism of the abdominal aorta, they will be sufficiently pronounced sooner or later. It seems to me he would not err in treating the case as such.

I like the ring of Dr. Fisher's remarks on the "Wrong Hobby." We seem disposed to throw aside too many things which experience has approved, just because science cannot philosophize, or rather demonstrate, a rational *methodus medendi* for them. Pour in the hot shot, doctor, there is a tendency to too much pessimism among us, of late years—too much masterly inactivity in a remedial way, and too much disposition to cure self limited diseases by tincture of time; as of old, "red flannel and six weeks in bed," was the prescription for acute rheumatism.

In a succeeding number, I may pay my respects to Dr. Iliff. He persists in adding cod liver oil to "some medical delusions." The oil is a physiological remedy, and is demonstrable as such.

To Dr. Latta I will say that his patient needs a digital examination of the prostate gland, and perhaps a sounding of the urethra before rational therapeutics can be brought to bear on his nocturnal emissions with the attending symptoms he describes. I once had a patient, and a married man, too, who for twenty years had from one to three involuntary emissions every nights, besides those of a voluntary nature, yet enjoyed reasonably fair health, had a large family of children, and ultimately died of acute pneumonitis.

E. A. COBLEIGH, M. D.

ATHENS, TENN.

A Suggestion.

Editor MEDICAL WORLD:

The now famous drug, hydrochlorate of cocaine is reported to have been found extremely useful as a local anæsthetic in urethretis, painful micturition, and hyper-sensitiveness of the urethra, and as an aid to the bougie in the dilatation and division of strictures.

In fact all mucous passages that can be reached are amenable to its pain-subduing influence. May not a trial of its *internal* administration be suggested in gastralgia, ulcer, and other irritable conditions of the stomach?

L. LEWIS, M. D.

1632 VINE STREET, Philadelphia.

A Peculiar Case.

Editor MEDICAL WORLD:

I was called Sept. 23d, to visit a woman living in the country. I found her to be 31 years of age, a native of Sweden, been married six years, and had one healthy child, four years old. From the husband I gained the following history: Some four weeks ago she was lifting a tub of clothes when her right foot slipped and she partially fell; that night, after much pain, she had a miscarriage. The second day after her fall a swelling commenced in her right groin which she thought was a common boil. From this she suffered great pain. They poulticed it, but the swelling constantly increased until he thought it was large as his hat crown. In about ten days it broke and discharged nearly a pail full. During all this time she had no movement of the bowels, but had taken several doses of salts. He said: "her appetite became good after the boil broke, but soon I noticed that everything she ate came out the boil. We then tried to heal up the boil but no use. Then we called Mr. Doctor."

I arrived about noon the 29th day after the premature labor, and the 19th after the "boil broke." Found the patient very much emaciated, eye-balls protruding, pupils well dilated, and features haggard and wearing an anxious look; pulse 140, temperature 107, respiration labored and 54. Upon examination I found the "boil," an aperture about 5/8 of an inch in diameter, situated in right groin region about midway between the symphysis pubis and the anterior superior spine of the ilium, and immediately above Poupart's ligament. From this artificial anus oozed partially digested food mixed with a brackish fluid of a peculiar fetid odor. The abdomen presented a normal appearance, save near the aperture there was some discoloration. I introduced my little finger into the aperture which apparently entered the intestines. While I was making this superficial examination the patient suddenly commenced vomiting, and upon being laid back on her pillow she quietly died.

Circumstances were not favorable for a post-mortem examination. I should be pleased to read the opinion of some one respecting this peculiar case. J. D. WYATT, M.D.

PHILLIPS, Wis.

Go Slow.

Editor MEDICAL WORLD:

This thought has been suggested to me by seeing the great tendency of the profession to run after new remedies to the neglect of old and well tried medicines.

In 1871-2 the country seemed wild, and the profession enthused, in regard to a plant called *Condurango*, which had by chance been discovered, which would cure all kinds of cancerous affections. Eminent physicians in France, England and the United States gave learned reports of cases of success in its use, and recommended it to the profession, while medical

journals spoke in its praise. Our Government was even asked to make an appropriation to have it imported to this country for the benefit of the poor. Now where is Condurango? Who uses it? Again we are told of a wonderful emmenagogue which is infallible—Carbonate of Titanium—and which on analysis proves not to be the Carbonate of Titanium at all. The profession, learned as it is, reminds me of ignorant people running after quacks. Here is an old physician, learned and of long experience, and fine reputation, with excellent success as a practitioner; but here comes an ignoramus, with a pack of "*yerbs*" on his back, professing to be an Indian doctor, or rather, to practice the Indian method of treatment, without the least knowledge of anatomy, physiology, pathology, or therapeutics; and yet see how many hundreds will flock to him as a great man and wonderful physician!—a kind of cure-all without using any *calomel* or "*strong medicine.*" Physicians laugh at such ignorance, and yet many do just as these ignorant people do. They leave old and well tried remedies and run after new. I have even heard young physicians speaking light of prescriptions made by such eminent men as Drs. Gross and Flint, regarding them as old fogies. Would it not be better for the profession and the people, for us to go slow after new remedies? I believe in advancement—in seeking to understand exactly the medicinal virtues in all plants. This we should do, as well as to try to understand the therapeutic properties of all minerals, but let us go slow in casting away the old and standard remedies and adopting, or rather running wild after, new and comparatively untried remedies, until they have been thoroughly analyzed and properly tested. There are a great many persons who have but little the matter with them, and if let alone would get well without any medicine. Some new remedy is given, and they get well at once, and the new remedy has worked wonders. The effect must be reported, so here comes a long article describing it and its wonderful effects. It is recommended, lauded and adopted. Again I say let us go slow.

J. A. REAGAN, A. M., M. D.,
WEAVERVILLE, N. C.

Cocaine Muriate.

[Written for THE MEDICAL WORLD, by C. W. Tangeman, M. D., Assistant to the Chair of Ophthalmology, at the Medical College, of Ohio.]

While it is not long since the introduction of cocaine as a local anæsthetic, it may require considerable time and close observation to determine just where or in what cases it is applicable. The general surgeon has employed it, the gynacologist has a brilliant field before him. Laryngologists are greatly benefitted by its application to the throat and larynx, both for making an examination and for the purpose of operating, but it will undoubtedly be employed more largely by specialists in diseases of the eye, than by any other class of individuals.

In the first place, it is a remedy the want of which has made itself felt from time immemorial, since general anæsthetics are contraindicted in so many cases. Second, the field of application is quite limited, the extent of surface is small and easily accessible, and lastly, operations on the eye can usually be completed in the course of a few minutes, before the anæsthetic effects of the cocaine pass off. Its action on the mucus membrane of the eye passes off in about one-half hour, sometimes sooner; even though a four per cent. solution (about 20 grains to the ounce of menstruum) is used. When the discovery of the drug was first reported, its action was tested only with reference to its anæsthetic properties, and not so much to pain relieving properties in pathological conditions of the eye. If we take for example the pain of iritis, supraorbital neuralgia, the intense pain and photo-phobia of some of the corneal ulcers, that patients were compelled to suffer for the want of a suitable remedy, and to-day a few drops of cocaine will give almost instant relief. Is that not sufficient to arouse the enthusiasm? must we not confess that the science of medicine is making some progress? All the minor operations on the eye can now be performed without pain while the patient is conscious. In strabismus operations a general anæsthetic is not practical, since the effect of the section of the tendon cannot be tested until the patient has fully recovered from the effects of the anæsthetic (which may be a few hours) sufficiently to have full control of volition, to say nothing about the annoyance of the administration of an anæsthetic, and its disagreeable after effects on the patient.

The general practitioner, it is true, seldom undertakes strabismus or cataract operations, but he not unfrequently is called upon to remove a foreign body from the conjunctiva or cornea, and with a few drops of cocaine he is enabled to render the cornea so analgesic that he experiences no more difficulty in removing a small piece of steel that is imbeded in the cornea than to remove a small splinter from the finger. The removal of growths from the conjunctiva, such as tumors, pterygium, etc., can be done without causing the least

pain, as can be seen from the appended history of a few cases. The instillation of a solution of cocaine into the eye causes a slight smarting, which passes off in the course of a few minutes; it dilates the pupil and in some few cases slightly effects accommodation. The mydratic effect lasts longer than the anæsthesia, but not to such an extent as to annoy the patient or keep him from work. In no single instance have I observed any untoward effects from its use, though I have employed it over 150 times in private and clinical practice.

There is but one drawback in the use of cocaine at present, and that is its expense: it is selling from fifty cents to one dollar a grain. The great demand may possibly have a tendency to reduce the price of the agent soon, so it may be prescribed or put into the hands of patients. The following few cases beautifully illustrates the action of the agent:

Case 1.—Susan B., aged 24, an inmate of a blind asylum, was suffering from cataract in both eyes, had been operated on some years since, under the influence of ether, the results being bad in the first operation, she applied at the Good Samaritan Hospital through her friends, for an operation on the other eye. She hesitated very much to give her consent to be operated upon without ether, though in the former operation she was sick for days from its effects: she finally consented, and two drops of a four per cent. solution of cocaine was instilled into the eye, at intervals of five minutes for twenty minutes. The conjunctive could now be pinched with forceps, and the patient, though quite nervous and sensitive, made no complaint. The eye speculum was now introduced, corneal section made, and the operation completed, when the patient asked: "Doctor, when are you going to operate on my eyes?" There had been absolutely no pain at all.

Case 2.—Wm. P., made application at my office for the relief of a large corneal opacity. Vision was nil. and the application was merely for the relief of the deformity. Tattooing was suggested, to which the patient consented. Four instillations of cocaine rendered the cornea so insensible, that the repeated pricking with the tattooing needle, otherwise a painful operation, caused little or no pain.

Case 3.—Albert M., aged 13, was suffering from divergent strabismus and consequent double vision; made section of the external rectus muscle without pain, save when the strabismus hook was passed into the opening made in the conjunctiva to hook up the tendon of the muscle.

I have used the drug a few times in earache, acute inflammation of the middle of ear, by saturating a pledget of cotton with the solution and placing it in contact with the membrane, with the most astonishing results. It may be mentioned here particularly, that in the cases of iritis, where I have employed it for the relief of pain, its action seemed to be curative, and not only a passing effect like its anæsthetic properties are; in some cases only one instillation was made of a few drops, and the pain disappeared permanently.

393 Elm Street, Cincinnati.

Editor MEDICAL WORLD:

FOR PHTHISIS PULMONALIS.—I have found the following formula very useful in the different forms of phthisis pulmonalis where the aim of the treatment is to quiet cough, lessen the action of the heart and lower the temperature :—

℞ Quiniæ sulphas.....
Digitalis fol. pulv.....āā.... ʒj
Opii pulv..... gr xv vel xx

M.—Make sixty pills. Sig. One every four to six hours.

This with milk and cream, or cod liver oil, and all out-door life possible, has given me the best results I ever had from any treatment. I cannot tell where I ran on to the idea of such a combination, but I think from Niemyier.

ST. ANSGAR, Iowa. A. D. BUNDY, M. D.

Therapeutic Hints and Approved Formulæ. (Continued.)

BY SAMUEL S. WALLIAN, M. D., BLOOMINGDALE, N. Y.

Breasts, Inflammation of.—Hot fomentations, by spongio-pilin or the bran poultice thoroughly and persistently applied; belladona lotion in connection with the hot applications. Iodide of potassium, internally, will diminish the lacteal secretion in extreme cases. A full, hot sweating bath and saline cathartic will greatly aid.

Bright's Disease.—Constant and thorough attention to the functions of the skin and lungs is a pre-requisite; hence, vapor, Turkish, Russian, electric and condensed air baths; daily inhalations of oxygen or some modification of it; tonics, and thoroughly nourishing diet.

There are no specific drugs; the only guide in this direction being to meet indications as they arise.

Bronchitis, Chronic.—Among the many drugs having some repute, I have found the following to be most reliable: Ammonium, carbonate and hydro-chlorate, balsam tolu, benzoic acid, calcium iodide, cimicifuga, eucalyptol and eucalyptus, hydrocyanic acid, tincture of iron, nitric acid, nux vomica, sodium

iodide and bromide, wild cherry. A thorough course of oxygen inhalations acts efficiently in this intractable disease, the results being thorough and permanent.

Bronchocele.—Ammonium iodide, internally and as an ointment (with vaseline), tincture of iodine locally, or what is better, a mixture of tr. iodine, lobelia, aqua ammonia and glycerine, in proportion of two parts of tr. iodine to one of each of the other ingredients, persistently applied and the patient kept on moderate doses of iodide of potassium, with a little bromide added, very bad cases have been made to yield.

Inject into the gland fl. ext. ergot with a hypodermic syringe.

Extirpation with the knife has been recommended, but is attended with serious risks.

Carbuncle. — The per-oxide of hydrogen ($H^2 O^2$) applied in solution, of the strength of 12 volumes, is perhaps the very best local application.

Chancre.—Corrosive sublimate, hydrogen per-oxide, iodoform, nitric acid, zinc chloride.

Chilblains.—Borax, boracic acid, carbolic acid, oil of peppermint. The latter is the most efficient.

Chlorosis.—Calcium lactophosphate, constant current, iron, nux vomica, oxygen, phosphates, out-door life, forced feeding, massage, oxygen in connection with chalybeates and thorough nourishment. Galvanism and massage will generally succeed.

Chorea.—Arsenic, calabar bean, cimicifuga, electricity—galvanic and faradic, nux vomica, oxygen with nitrous oxide.

Constipation.—Cascara, (Rhamnus Purshiana) electricity, oxygen (prolonged use).

Convulsions.—Amyl nitrite, chloral, chloroform, ether, ice bag (spinal), physostigma, hot bath, morphia and atropia hypodermically.

Croup.—Aconite, hot water, lime-water, lobelia, sanguinaria (acetic syrup of), oxygen freely, pepsin vapor (inhaled).

Diabetes.—Arsenic, bromide of, gluten bread and meat diet, oxygen daily for a long time, per-oxide of hydrogen internally and inhaled through an atomizer, strychnia, tonics.

Diarrhœa, Chronic.—Trumpet plant (fluid extract), benzoate of soda, bismuth, cold bathing, vapor and hot baths, geranin, vegetable and selected diet, oxygen, pepsin, galvanism.

Diphtheria.—Chloride of iron, lime-water, per-oxide of hydrogen, topically and in spray, sulphurous acid, oxygen freely.

Laceration of the Cervix.

Editor MEDICAL WORLD:

Lacerations of the cervix uteri are of so frequent occurrence and of such paramount importance to the practitioner that they deserve more than a passing consideration. The first intimation of such an accident I derived some years ago by reading an article on the subject written by Dr. Goodell and published in some medical journal. At the time, I had under treatment a lady, suffering as I then thought, from a most stubborn erosion of the os and cervix, but without success. The article mentioned opened my eyes on the nature of the lesion of which my patient was then suffering, and I said to myself, "My patient has a torn cervix," and I at once thought of operating. I invited a medical friend of mine, Dr. J. S. Borneman, who I knew had taken a course of study in gynecology under Dr. W. Goodell, to see the case with me, and he verified my diagnosis. I had no difficulty in getting the patient to consent to an operation, which I performed, assisted by Dr. John S. Borneman and I. B. Yeakel. My first attempt proved highly successful, no untoward symptoms arising; and she has now dismissed her maid servant, does all her house work, and says that she never felt better. Half a year previous to the operation for laceration of the cervix I divided her sphincter ani for fissures of the anus. The lady is married, has had two children, the youngest born four years previous to the operation, delivered without instruments, but has not conceived since, although menstruates regularly, normally and painlessly.

About six years ago, I attended Mrs. Y., suffering from an abortion. Some time thereafter I was again consulted. On examination of her womb I thought I had a clear case of cancer of the os and cervix uteri. I however treated the sore by applying solid nitrate of silver, warm, medicated injections, and the unnatural excrescense soon disappeared, and I left the sore to take care of itself, thinking that the healing process would be completed with the aid of medicated injections. For another year I treated her now and then for pains, weakness, leucorrhœal discharges, headache and other complications. Getting tired of the case and dissatisfied with the treatment, I once more examined the womb, and for the first time noticed an ugly laceration of the cervix, from which had sprung the cauliflower excrescence and which I had partly diagnosed as cancer. I proposed an operation; the patient consented. I performed it, and she has now recovered her former good health, discharged her house maid, without whom she could not get along previous to the operation, does her own house work and is happy. What made me go wrong in my diagnosis was the fact that the woman was a stranger to me pre-

vious to her abortion, and not knowing anything of her former history and previous labors.

My friend, Dr. J. S. Borneman, who has assisted me in nearly all my operations on the cervix uteri, asked me to operate on his patient, who had been in a miserable condition, resulting from her first and only confinement. Besides the other ailments following this accident, this patient was subject to hysterical convulsions daily. After the operation the convulsions ceased, and like all previous cases, she ultimately recovered her former health.

A medical gentleman writing on the subject of lacerations of the cervix a short time ago expressed the opinion that he believed and hoped that the operation would in course of time be less frequently performed. My opinion is quite to the contrary.

Mrs. L., aged 35 years, previous to her second and last child, now 14 years old, had always been healthy; since then always sickly. She was treated by different physicians, but without benefit. Her present condition—lung trouble, cough, weakness, headache, fissured anus, neuralgic pains, leucorrhœa, prolapsus uteri, and a very ugly laceration of the cervix. A very fine looking lady is almost a total wreck, her lung trouble not allowing the administration of ether to relieve her by an operation. None of her former attendants discovered nor informed her of her trouble, hence her unfortunate condition.

I do not intend to write up the symptoms of laceration of the cervix, but simply to call attention to the frequency of complaint and the importance of a correct diagnosis and proper treatment.

FRANK R. BRUNNER, M. D.
Bechtelsville, Berks county, Pa.

[Many general practitioners think that such operations as the above belong exclusively to *gynæcological* specialists. This is a great mistake, as the experience of Dr. Brunner and of many other general practitioners whom we know, abundantly proves. By giving this matter some attention, and following the doctor's example, many of your patients will be vastly benefitted.—ED.]

How a Small Piece of Placenta will Cause Trouble.

By F. W. Putnam, M. D., F. S., M. A., Binghamton, N. Y.
Visiting Physician at the Hospital of the Good Shepherd.

Editor MEDICAL WORLD.

I was called October 15th, 1884, to visit Mrs. H., a lady about thirty years of age. I learned that there had been hemorrhage all of the time for six weeks. She had taken some medicine for the trouble, but as it did not prove effectual, I was called.

Upon examintion I found the uterus full of clotted blood, with a small portion of placenta presenting. I worked faithfully for a considerable time, and succeeded in removing all of the placenta, except a piece about one inch long, and a little larger than an ordinary sized lead pencil. I could not retain my hold on this piece, and I ventured to leave it, thinking that so small a piece would probably be expelled within a day or so. I heard occasionally for a week that she was doing well.

I did not hear any more of the case until November 28th, when I was again called to visit her. She had her menses two weeks before. They were a little profuse, but ceased in about six days. There had now been a continual hemorrhage for ten or twelve hours. I removed some clots, but could not detect anything else. I visited her again the next day. There had been a good deal of hemorrhage during the night. I again removed some clots, and discovered that little piece of placenta, presenting at the external os. I removed it. It was attached at only about one-quarter of its length, and was separated from the uterus at this time.

Here was an almost insignificant piece of placenta the cause of alarming hemorrhage. I report this case so full, that others may profit by my experience, should they ever be tempted to leave *any* of the placenta in the uterus, following a miscarriage, or at any time. There was a miscarriage in this case at first. She made a good recovery.

Indian and Mexican Remedies.

Herbs of New Mexico and their Medicinal Value.

BY DR. LOUIS EMMELHEINZ, LAS VEGAS, NEW MEXICO.

YERBA DE SAN PEDRO. (*Berlandiera Lyrata.*)

For Syphilis.

This plant is indigenous to New Mexico, growing in rich soil on the plains. It can't be found in bunches, but grows scattered, and is consequently hard to collect. The perpendicular rhizome sends up a short. leafless stem, from 8 to 12 inches high. There are a number of ground leaves that sprout from the root. They are long, ovoid, lobate and deeply serrated and of a greenish-yellow color. At the summit of the stem is a single flower. The calyx is of a greenish-yellow color with eight pointed segments. The corolla is disk-shaped with eight lemon-yellow, velvety petals, which have at their base very rich red-brown spots. The filaments are short, and support large

drooping anthers of a rich red-brown color. This plant is a very valuable alterative. I found it used first among the Apache Indians in conjunction with several other plants and was so astonished at the results that I concluded to give it a trial. The Indians use it in an infusion and it gives good satisfaction. I use the fluid extract prepared so that every drop of the fluid extract represents one grain of the herb. I have had the most happy results from its use in all stages of syphilis, and all diseases of the blood. It is far superior to mercury, arsenic, potass, iodine, or any or all the vegetable alteratives now in the market. acting more promptly and speedily, and building up the constitution from the very start. I consider it a specific. The herbs used in the compound fluid extract, besides *Berlandiera Lyrata* are: *Yerba de la Yuta* (*Vesicaria Alpina,*) *Raiz, Colorado, Yerba de Alonzo Garcia,* and *Yerba de la Vipora.* * Equal quantities of each are used in the fluid extract to get the best result. I have tried them singly and in different combinations, but found it best to use equal quantities. It is prescribed now and used by Dr. C. C. Gordon, Chief Surgeon of the A. T. and St. Fe R. R. Hospital at Las Vegas Hot Springs, New Mexico, Dr. Cunningham and Dr. McKinney at Las Vegas, N. Mexico, Dr. M. W. Robbins at Kansas City, Mo., and many others who speak of it in the highest terms. I ask and urge the profession at large to give it a trial and they will never use the mineral alteratives again.

[The inefficiency of McDade's formula in syphilis has recently been abundantly proved to the satisfaction of the larger part of the profession. This has profoundly shaken the confidence of many in *all* vegetable remedies for syphilis. But allow us to say that many valuable remedies are found onlv by constant searching and trying, and after many disappointments. The Doctor has devoted much time and means to the study of the medicinal value of the herbs of New Mexico. He will continue this series of articles. In the February number he will give a new remedy for gonorrhœa and leucorrhœa, and for March he will give a substitute for quinine. Of course, we cannot indorse these remedies until thoroughly and widely tested; but we wish to encourage investigation and trial. It is in this way that medical science advances.—ED.]

* As all the herbs that I am speaking of are entirely new remedies, they can't be found in the botanies, and therefore I have to give their local names in some instances.

Pertussis.

Editor MEDICAL WORLD:

Some years ago I was called to see a fleshy child of six months in convulsions. After having put the child to sleep with equal parts of choloroform and sulphuric ether which I had with me, I was told that the child always went into convulsions when it coughed. Finding the anæsthetic worked so well, I instructed the parents to hold an anæsthetic to its nose each time the child commenced to cough, and prepared a paper cone for that purpose. Fearing they might overdo the matter with the above mixture, and in order to make an antispasmodic-anæsthetic, I put ʒ j gum camphor to each ℥ j of sulphuric ether and had them use this. Much to my gratification, the child in a week's time was entirely well. Now I always use it, and with a combination of fluid extract belladona and fluid extract of chestnut leaves, using enough belladona to cause a flushed face at each dose three times a day, is all my treatment in uncomplicated cases, and is truly abortive. The use of the antispasmodic-anæsthetic saves the shock to the nervous system and soothes the system. I believe if this preparation was rubbed often over the tract of the par vagus from the back of the ear to angle of the lower jaw on each side of the neck it would further prevent the paroxysms of cough. When an anæsthetic is desirable in hysteria, this in my hand is the best.

ELIHU B. SILVERS, M.D.

RAHWAY, N. J.

Treatment of Nocturnal Emissions.

Editor MEDICAL WORLD:

Having treated a large number of cases of nocturnal emissions, I usually prescribe as follows:

℞	Potass. Bromide	℥ ss.
	Chloral Hydrate	℥ ss.
	Fld. Ex. Cannabis Ind.	ʒ ij.
	Fld. Ex Hyoscyamii Nig.	ʒ iii.
	Syr. Tolu	ʒ iv.

M.—Sig. Two teaspoonfuls at bed time.

This seldom fails to stop the emissions. At the same time give the following to build up the health and strengthen the patient.

℞	Tinct. Mur. Iron	ʒ j.
	Tinct. Nucis. Vom.	ʒ ij.
	Tinct. Cantharides	ʒ ij.
	Fld. Ext. Ergot	ʒ j.

M.—Sig. 25 drops three times, before meals.

This will give good satisfaction in the majority of cases of sexual debility, impotence, or loss of sexual desire in either sex. At the same time it removes enlargement of the prostate gland, when due to masturbation.

S. H. C. BIXLER, M. D.,

BLOSERVILLE, PA.

Bind Your Own Journals.

Editor MEDICAL WORLD:

I want to say to the readers of the WORLD that every man can be his own bookbinder, if he will only think so and go at it. Many physicians have several volumes of medical journals laying around loose, which they would like to have bound; but after paying the subscription price and the expenses of sending them off and having them bound it costs too much.

Now, any man can do binding sufficiently well to bind a volume of journals neat and good enough for all practical purposes. I bind my own journals and would not so much as pay the express charges to and from the bookbinding house, to say nothing of the cost of the work itself.

I have bound six volumes lately and was surprised to find how easy it is to do.

A good paste for this purpose is made by mixing three tablespoonsful of flour and one of starch with a pint of cold water and stirring it well, then cooking until quite thick.

W. A. FISHER, M. D.

MOSELLE, Mo.

Scarlatinal Nephritis.

Editor MEDICAL WORLD:

In a family of seven children, in ages from two to seventeen years, four of them had acute nephritis, three of them had severe convulsions, one dying. The urine was nearly a solid mass of albumen after the heat and nitric acid test was applied. The color was smoky, quite dark. The treatment was: dry cupping over the region of kidneys, cream tartar and infusion of digitalis, the hot air bath and enemas of jaborandi; as the active symptoms declined, tinct. of iron in suitable doses. The scarlet fever was very mild; only one of the patients was confined to bed more than a day. The severe cases of albuminuria following was to me something unusual, four out of the seven children having the trouble. The usual symptoms were present and well marked. One point which I wish to bring out is that an infusion of digitalis is much more reliable in its action than any tincture or fluid extract I have ever used.

A. D. BUNDY.

ST. ANSGAR, Iowa.

"Retention of Urine at the Menstrual Period."

Editor MEDICAL WORLD:

In reply to the above subject in your December issue, I would state that Dr. Abbott has a case of uterine displacement—anteversion, ante-flexion or congestive enlargement with ante-fluxion. The retention is due to the flexed uterus, and the "obstruction felt at the point of the catheter was the portion of the uterus crowding down on the bladder, and partly from the irritation of the pressure of the uterus on the floor of the bladder. I should judge that the case is quite amenable to treatment by removing the cause—uterine displacement. Restore the general health by good feeding and tonics; insist on the maintenance of the recumbent position with a pillow under the hips to elevate the pelvis for about three days before and during the "period;" let the patient urinate in the horizontal position; clean out the rectum by an enema. By these means you place the pelvis and uterine circulation in the best condition; this position tends to prevent obstructions. I think if this treatment is carried out for four or six months a cure is certain. Between the "periods" gentle exercise, but no lifting or stretching. If this treatment by gravity does not succeed, then some mechanical means will be required to support the weakened anterior walls of the uterus; as, a well-fitting cradle pessary.

H. ISAAC JONES, M. D.

Scranton, Pa.

Letter from Dr. Louis Lewis.

1632 VINE ST, PHILA, Dec. 18, 1884.

DEAR DR. TAYLOR:

I am pleased to learn that a second edition of the Chart is already called for, and congratulate you cordially on the increasing success of your admirable journal. I have carefully revised the original edition, and would like to add to it somewhat respecting chlorides in the urine. But inasmuch as they are not abnormal ingredients I would suggest that it be appended as a note; for to tabulate it like the rest would be to alter the original idea of the Chart.

I here append as much as I think you will deem necessary for said note,* and remain

Yours sincerely,

L. LEWIS.

A Useful "Help-All."

Editor MEDICAL WORLD:

Just as winter is setting in, with its sequellæ

*The chlorides are natural ingredients of the urine, and are mostly derived from the food. About 250 grains of chloride of sodium are excreted in 24 hours. In most all inflammatory diseases and in typhus fever, the chlorides are diminished or altogether absent, and reappear at the advent of resolution. In pneumonia they return as the stage of hepatization recedes. To test for chlorides acidulate with a few drops of nitric acid, and add nitrate of silver; chloride of silver will be precipitated, and this precipitate is soluble in solution of ammonia.

from acute malarial attacks, I wish to summarize a little.

Rheumatisms are first and foremost. All these cases who come to me I cure by the use of hot-air vapor, electricity and general medication by eliminating morbid matter, and helping nature to readjust herself and the interests she has under her charge. I give no medicines as specifics—I do not believe in any—but, from my best judgment, I advise such remedies as have an affinity to certain organs. I find in most cases the liver has been overloaded by gluttony; or from want of proper exercise, or by exposure, the secretions from those millions of workers in the skin have not been properly excreted, but have been reabsorbed, and now must be helped back and out. It takes time to do it, but I generally succeed without a large mortuary or entail of chronicity. I tell you, brother practitioners, you who do not use steam and hot-air baths, you have not yet come to the best estate with which our science is endowed. More pain and suffering can be ameliorated and a greater betterment of health can be attained by these baths than by any other one agent known. It is not a cure-all, but it is a help-all, both to the patient and doctor. I wish I could only say something to the profession that would cause an investigation in that direction.

I have now a case of ovarian disease under treatment, in which surgical interference has been advised. A tumor ruptured and emptied itself through the bowels, inflaming the peritoneum and all the abdominal vicera, as near as we could judge. By the use of heat externally, with iodine and other alterative treatment internally, she bids fair to recover.

A case of ascites is yielding to baths and auxiliary medication, which has defied treatment three years. And so I might mention cases almost *ad infinitum*. And, here let me say, I resort to all the best remedies prescribed by my brethren, without regard to school or pathy. I have no prejudices to combat, but I am, and have been, a seeker after more light for forty years, and expect to continue so as long as I live.

Once more let me advise your readers to add to their armamentum some cabinet for hot-baths—not water, but *air* and *vapor* baths.

G. W. CARPENDER, M.D.

SOUTH BEND, Ind.

Good Formulæ.

EDITOR MEDICAL WORLD:

In looking over THE MEDICAL WORLD, I find many good formulæ, but please accept one or two from me, which I have used with good results.

FOR BLEEDING HÆMORRHOIDS.

℞ Pulv. aluminis ..... ℥ii
Pulv. camphoræ .....
Pulv. opii ..... āā ..... ℈i
Unguenti ..... ℥i
M. SIG.—Ointment.

FOR CONGESTIVE DYSMENORRHŒA.

℞ Ext. fl. ergot ..... ℥vii
Tinc. gelsemium co ..... ℥i
Tinc. aconite rad ..... gtts. xvi
M. SIG.—A teaspoonful every two, three or four hours.

IN GASTRIC ULCER.

℞ Bismuth subnitrate ..... ℥ii
Acid hydrocyanic dilute ..... ℥ii
Mucilage acacia .....
Aqua mentha piperit ..... āā ..... ℥ii
M. SIG.—Tablespoonful three times a day.

C. WIENSMA, M. D.

Wahpeton, Dak.

Treatment of Pneumonia.

EDITOR MEDICAL WORLD:

In mild cases; bathing the feet in hot water, with or without mustard, and measures to secure general perspiration and the use of expectorants will be sufficient. If from the severity of the symptons it should be apparent that more efficient measures will be required, the spirit-vapor bath, cups or turpentine mush poultices to the seat of disease, and serpentaria, avis, asclepias tub, tinct. or fl. ext., should be given in proper doses every two hours. If there are irritating matters in the stomach, an emetic composed of the tinctures lobelia, ipecac and sanguinaria should be given; this will evacuate the stomach, equalize the circulation, relieve engorgement of the lungs, produce expectoration, and often is the main factor in the cure. If derangement of the stomach or bowels exist, a cathartic should be admistered at once. Podophyllin, 2 grs.; Leptandrin, 4 grs.; Colocynth comp., 6 grs.; Taraxacum, q. s. ft. pil. no. 4. Sig., one every four hours until the desired effect is obtained. To control the febrile excitement, if the pulse is full and hard give aconite one drop and veratum 3 drops every two hours until the pulse becomes soft, then drop the veratum and give Aconite rad. fl. ext., 8 drops, Gelseminum fl. ext., 50 drops, Spt. Nit., dulce, one ounce. Sig., teaspoonful every two or three hours. Jaborandi has a good effect used in the above mixture. Aconite is especially indicated by the arterial excitement caused by inflammation, if given before a change of tissue (disorganization.) It is important to promote secretions from the

bronchial mucous membrane. The following will meet all indications in the first stage: Ext. Glycyrrhizæ, Pulv. Acacia, each half ounce, Ipecac, Lobelia, Sanguinaria Tincts, one and a half ounces of each, Spts. Nit., dulce, half ounce, Aqua, and Syrup Tolu, each eight ounces. Rub the licorice and gum up with the water, add the other articles; shake well. Dose one teaspoonful every two or three hours. Flax seed lemon tea is very useful in the first stages. If the disease should progress into the second stage we change our expectorant thus: ℞ Squills, Asclepias Tuberosa, Prunus Vir, Fl. Exts. of each two ounces, Serpentaria, Fl. Ext. one ounce, Ipecac, Fl. Ext. ½ oz. Syrup Tolu, 15 oz. Sig.—A half to teaspoonful every two or three hours. This is a stimulating expectorant with sedative and tonic qualities, with direct action on kidneys and skin. The most common complication is miasma (bilious pneumonia). The fever is characterized by periodicity. Prompt measures should be taken to subdue this leading symptom, which gives intensity to all the others; anti-periodics should not be delayed. Quinine and iron should be given. In cases presenting those low, nervous typhiod symptoms (typhoid pneumonia), occurring in the early or late stages of the disease, active cathartics are inadmissible. Pul. Senna, 1 oz., Virginia Snake root, ½oz., Golden Seal, ¼ oz., boiling water one pint; strain when cool and sweeten. Teaspoonful every four hours until the effect is attained, to be lessened if the condition of the bowels indicate the necessity. Carb. ammonia, 5 grs. every two hours, and whiskey toddy may be of advantage; in such cases the tongue will be red at the sides and tip, bowels tender and tympanitic, disposed to run off with mucous and dirty yellowish discharges, skin dry and husky; make applications of whiskey, warm water and soda with brisk friction, and applications of turpentine or oak poultices to the abdomen. Use injection of tr. opii, zinc, tannin, fluid hydrastis to restrain the discharges, and if indicated, use internally; also, cranesbill, coto bark, or creosote. In those cases of irritability of the nervous system and want of sleep, the administration of valerian lupulin, cactus graniflora, hyoscyamus, bromide of potash, or hydrate of chloral, is indicated. I have frequently used an off hand formula like the following, with benefit: ℞ Celery, Coca, Viburnum Prunifolum, Fl. Exts. aa iʒ. Syr. Auranti Citrus, iʒ. Mix. S. Teaspoonful pro re nata. In cases of debility or old age, a powerful stimulant will be needed. Hot toddy should be used as indicated, under the use of which the patient will become quiet and calm, the pulse full and less frequent. Diet must be varied to suit the case; plain, nutritious and easy to digest.

We sum up as follows: 1st. Insist on rest; functional rest of the affected organ. 2nd. Evacuate the stomach and bowels of all crude or irritating matter. 3rd. The kidneys and skin must be made to eliminate those morbific elements retained in the system. 4th. The lungs and bronchial tubes must be stimulated to throw off their secretions. 5th. It may be necessary to stimulate or depress the circulation or functions of the nervous centers. 6th. Maintain the strength of the patient by stimulants, tonics and food as indicated.

E. C. Rothrock, M. D.

Athens, Texas.

Pneumonia.

Editor Medical World:

This is one of the inflammatory diseases produced generally by suppression of perspiration from sudden changes, disturbing the equilibrium of the circulation, producing engorgement of the lungs, which soon develops into inflammation, with all the attendant symptoms, pain, fever, hurried respiration, etc. To every intelligent physician the symptoms will point out the nature of the attack, whether it affects the pleura most, or the substance of the lung; the latter by dull aching, the former by sharp pains. The first indication is to restore that which is lost, a balance in the circulation, by hot applications to the extremities, non stimulating diaphoretics, if much pain, fomentations over the painful parts, cloths wrung out of hot water and frequently changed, turpentine fomentations, salt and ashes moist and warm, pepper mush, etc. If mustard is used, it should not be strong enough to injure the skin so as to destroy its healthy action. Internally, calomel and Dover's powders, three grains of each every two hours until three or four doses are taken. Calomel acts on the internal secretory organs and counteracts inflammation, while the Dover's powder allays pain and determines the blood to the surface, causing moisture of the skin. The lungs being one of the great depurgatory organs, with its functions deranged, the others, kidneys and skin, should not be allowed to fall below their normal condition, but rather stimulated to increased action; asclepias tuberos, and spts. nitre dulc. will fulfill both indications. Now to reduce the fever and allay the cough, or make expectoration free and easy: Sat. tinct. veratrum viride, if a genuine preparation, commence with 4 drops doses for an adult every two hours until the frequency of the pulse is diminished to the natural standard, about 70 per minute, and held there by

small doses repeated as occasion requires for 24 hours, by which time all the symptoms will show improvement, cough loose, head easy, skin soft, temperature normal. If bowels need moving or checking, use the necessary remedies. If the diseased lung becomes indurated as evidenced by percussion or auscultation, blister over the indurated portion. I seldom use quinine in pneumonia unless in complicated cases with well marked periodicity. The above applies to an ordinary case, but in all cases of lung fever I have found veratrum most reliable and quinine least so. This like all other diseases must be treated according to pathological conditions.

N. B. HALL, M.D.

FAIR MOUNT, Ga.

Cholera and How it is Treated in India.

Editor MEDICAL WORLD:

Having spent fifteen years in India, the home of the dreaded invader which is threatening an attack on our shores, it will be of interest to the numerous readers of the WORLD if I relate how the British Government provides for the care of that expensive but necessary factor in its "sabre sway," the British soldier.

It costs at least $1000 to place an able bodied man "in red" in line to maintain the Widow's Empire on the torrid plains of Hindoostan, and when cholera comes, every soldier who passes to the majority debits $1000 against the Imperial Exchequer besides weakening the "thin red line" that has made considerable history in both hemispheres. The exotic European soldier is nursed and coddled. On the approach of the hot season about one-fifth of each regiment is sent to hill sanataria where the climate is temperate. These men are carefully selected by medical officers, and they are mostly young men whose physique may be more or less impaired by the prolonged heat (95° F. in the shade *night* and day for months.)

In order to guard against weakly men being sent to India, only the robust are sent from England and a careful, thorough examination is made in England prior to embarkation.

At every cantonment in India the commissariat have constantly in readiness for any emergency what is called the "movable column" consisting of elephants, camels, bullocks and doolies (a litter for carrying sick) carried by coolies. Every regiment has constantly ready its equipment of tents and stores, and on the flash of a telegram the whole force can be mobilized in a day.

Let it be understood that the British soldier in India does no menial work; every thing is done for him; all that he has to do is to fight and drill. The hygiene is perfect; his drinking water is carefully filtered; the excreta is received in dry earth at the latrines, removed and buried daily. His food supply is ample and varied and cooked as only those who have witnessed the dusky "Delmonico's" concocting the savory messes can appreciate. His mental appetite is cared for in fine reading rooms, etc., and every amusement is at his disposal.

When a telegram from headquarters says a case of cholera has occurred in the district, then redoubled vigilance is enforced; the water supplied for drinking is *boiled* before being filtered, and every article of food, especially milk, is thoroughly tested before use. Chalk mixture and other remedies for diarrhœa is given to the sergent of each company so that the soldier at the first symptoms may be treated on the spot before being sent to hospital. Well, when in spite of all this strict watchfulness a case of cholera occurs in a regiment, what is done? Formerly, until taught by dire experience, the regiment stood fast on its ground till more than one-half had fallen victims; then after all the harm had been done an order would come to move to some other place.

Now, things are done differently. When one case occurs, it may be sporadic, and nothing but increased care is resorted to. A second case in the same company is followed by an order to mobilize that company on the instant, the quota of tents, elephants, camels, and doolies with bearers, and a flying hospital is organized, and the company marches ten miles a day in a direction at *right angles to the prevailing winds*, and this move invariably arrests the progress of the disease.

Should another company have two cases, the same plan is carried out, and so on, till I have seen the ten companies of a regiment on the move, flying from cholera. "Discretion," when King Cholera holds his ghastly carnival, "is the better part of valor." I may say here that I never saw a bad case of cholera get better. I have tried all remedies, and must confess that I know of no drug or any sort of treatment that I can honestly say can cure cholera. I have seen men recover from a mild attack, and pharmaco-maniacs may say that champagne did it, or ice did it, or morphine did it. I believe the men who rally would do so without drugs. I must not be misunderstood in this. I am not decrying drugs. They have their legitimate uses, and do us good service; but I say without fear of contradiction that no drug has yet been discovered to cure cholera.

What is to be done when cholera comes here? We cannot mobilize the denizens of

the tenements and send them marching, etc. They *must stay*, the disease *must spread*, and *thousands* will die. No amount of quarantine, no reckless expenditure on cleaning up will prevent its onset or fatal spread. To those who can flee from the spot, let them flee; their only safety lies in distance from the centre of disease.

In prophylactics alone can we hope to do good service. In your next number I will recount how I found that the Brahman Priests of India, although exposed to the disease, passed through the epidemic scatheless, and will tell my brethren who may be exposed how to do the same. HECTOR SMITH, M. D.

New Rochelle, N. Y.

Sponge Treatment for Epistaxis.

Editor MEDICAL WORLD:

I will proceed to answer inquiry about the sponge treatment for epistaxis. As long ago as 1828, when I was in my first practice a young man frequently came to me with nose bleeding in a stream, and was not checked as quickly as desirable. I then conceived the necessity of some mechanical contrivance to produce immediate results. About the year 1831 was the first opportunity that presented for its use, which happened in this manner: A group of people were gathered together, and I was informed that a young attorney was bleeding to death, from the nose. The celebrated and popular Hazard Potter, M. D., of great skill in surgical operations, was there. The Doctor was trying a very novel method to effect his object. He passed a twine through the eye of an elastic catheter, thrusting it through the nostril, catching the twine in the throat with long forceps, drawing it out through the mouth, tying a sponge to it, he drew it back to the posterior nares, then cautiously forward, intending to stop when the blood ceased to flow; but with all his skill and caution the blood continued to flow either out at the nostril or down the throat. So the Dr. Hazard Potter method was a failure. Then, by courtesy of the Doctor and the patient, I introduced my sponge, with instantaneous success.

I find a notice of the sponge cure given by Dr. Lewis, in the *Polyclinic*. The Doctor says: "I know of no device so good as one that may be readily extemporized with a strong piece of cord and some small pieces of sponge. The cord is tied securely to a piece of sponge cut rounded, and just large enough to be forced backward through the nostril. Then a number of small pieces of sponge, with a hole through the centre of each, and threaded successively on the cord. The sponge on the end of the cord is then pushed with a probe through the nostril quite back to the faucial orifice, and the rest of the threaded pieces of sponge are slid back, one at a time, until the nares is tightly filled," etc. Now his process is both ingenious and reliable; but too much time is required to complete the operation.

In the *Medical Brief*, for January, 1884, on page 35, I said: "Now permit me to put on record my process in all cases of epistaxis, which I call a specific. Select a good sponge, soft but not too porous; cut it into strips of suitable size for the nostril, and three or four inches long. Soak it well in a saturated solution of acetate of lead or per-sulphate of iron. Then dry thoroughly. Armed with this prepared sponge you will be ready for any emergency in such cases. If your rides is in the country, carry with you some of these sponges, and if occasion requires roll between your hands, or between two books, one of the strips, into a hard and stiff body, and push it quickly through the nostril to the throat. The sponge will immediately swell by absorption of blood, and press upon the entire nasal cavity. If necessary treat both nostrils the same way. It never has failed to do its mission in my hands, and I think it never can fail. They are easily removed when necessary.

I also use sponge suitably medicated for nasal catarrh, with evident benefit to the patient.

JOHN W. BABBITT, M. D.

YPSILANTI, Mich.

An Item Concerning the Third Stage of Labor.

BY F. W. PUTNAM, M. D., F. S. M. A., BINGHAMTON, N. Y.

(Visiting Physician at the Hospital of the Good Shepherd.)

Editor MEDICAL WORLD:

I was called December 9, 1884, at 2.30 A. M., to attend Mrs. B. in confinement. The labor was normal in every respect, except that it was a little tedious. The husband, in the meantime, expressed a hope that his wife would not have the trouble that she had at her last confinement, which occurred a couple of years ago in the State of Ohio. I learned that the physician in attendance at that time removed the placenta with his hand within a short time after the child was born; a portion of it was left in the uterus, and remained there a week, and was then expelled. There was an extremely bad smelling discharge, and the mother made a slow recovery. I waited an hour after the birth of the child before the placenta began to separate. I removed it entire from the vagina

in fifteen minutes afterwards. The mother made a rapid recovery. This case seems to illustrate the fact that in some cases a good deal of time should elapse after the birth of the child before the completion of the third stage of labor. The error of dictating to nature in this particular has not been confined to the State of Ohio. I committed the same error once myself. This may seem an unnecessary article to some of the readers of THE MEDICAL WORLD, but it is these little things that make the successful practitioner.

Therapeutic Value of Colorado's Climate.

Editor MEDICAL WORLD.

As Ruskin reminds us, and as quoted by you from month to month, we must say all we have to say in "the fewest possible words" and in "the plainest possible words," I thought it might possibly interest some lonesome or discouraged doctor somewhere in the "WORLD'S Household," and through said doctor, probably help and possibly cure some chronic cougher or wheezer, if I should throw out a few hints as to the climatology of Colorado and its relations to and effects upon morbid pulmonary conditions, and perhaps in another article, on some of its relations to other forms of disease.

I have received letters from medical men in almost every State in the Union, bearing, in a more or less specific manner, on this subject. I have been not a little surprised at the lack of information displayed, not only in these letters, but in some magazine articles, and even in some of our text-books on this subject. But as time passes, the subject of climatology and its relations to pathological conditions is, as it should be, receiving more and more attention from members of the medical profession. Without further prefatory remarks, I will say, after nearly four years of observation and practice in this climate, that it is my firm conviction that of all pulmonary affections which are *most* benefitted and *very generally cured*, that *uncomplicated spasmodic asthma* is the one. No remedy or combination of remedies yet known to the profession can at all compare with the "light air cure" of the inland region lying along the eastern base of the Rocky Mountains. I have seen and talked with hundreds of asthmatics here, and have carefully watched very many of these cases, and almost without exception they are entirely free from any spasmodic asthma. Very many of these cases have tried returning to their old homes in the East, thinking they were fully cured, but almost invariably found a return of the disease there and could only get relief by a permanent residence in Colorado. I have further ascertained on careful examination that the few exceptions who were only partially relieved here were cases complicated with marked emphysema, or were in very old people who had had asthma for many years, or had some form of organic heart trouble, or the lung tissue seriously involved in some other morbid process. In many of *these* even the benefits experienced here were so much that nothing could induce their return east of the Missouri River.

As the eastern base of the Rocky Mountains is approached, the relief of spasmodic asthma is very marked. There are a few aggravated cases that do not find the expected relief in the towns on the plains at the foot of the mountains, but have to seek a higher altitude and lighter air by going up to some of the mountain towns, such as Boulder, Idaho Springs, Central City or Georgetown. This class of cases are, as a rule, compelled to remain in the higher altitude in order to have permanent relief. Many theories have been advanced explanatory of this marked effect. Tyndal and Parkes think that the fact that the air in these higher altitudes is freer from atmospheric germs, which are admitted to be a fruitful source of irritation and disease, is the cause. Others think that the increased amount of atmospheric electricity and dryness of the air is the explanation. As to the truthfulness of either of these theories, in whole or in part, I have very grave doubts. I am satisfied, although I may be wrong, that this very marked effect is almost, if not wholly, due to the *mechanical influence of lessened atmospheric pressure.*

But the WORLD'S pages are not open to theories and speculation. Facts are what we want; then, as before, the facts are that an altitude of from 5,500 to 7,500 feet above sea level in the Rocky Mountain region of Colorado is very nearly, if not always, a permanent cure for pure spasmodic asthma.

On a future occasion I may have something to say concerning Colorado's climate and its effects in other forms of pulmonary affections.

ELMORE PALMER, M. D.

BOULDER, Colo., Dec. 26, 1884.

Dr. Putnam's Questions.

Editor MEDICAL WORLD:

With reference to the questions formulated by F. W. Putnam, M.D., in the MEDICAL WORLD for December, 1884, my reply to each is as follows:

1st.—No.

2nd.—No.

3rd.—By no means whatever.

4th.—Saloons never, nor hotels where there are bar-rooms.

5th.—No; not to every one that comes along, but I see no objection to such a visit once in a great while.

6th.—Should not participate and should not be a habitual attendant, but to witness a great match occasionally I see no reason why not.

7th.—No.

8th.—No.

9th.—No; it is exceedingly foolish.

10th.—No; not until after he steps down and out of the profession.

11th.—No.

12th.—No.

13th.—No.

14th.—Now there are some lodges that he with propriety might attend; but then not to the neglect of duty. I have heard it said of certain M.D's, that if you don't find him at home, you will at such or such a saloon. Now if you refer to such a "lodge" as that, I say no.

15th.—No.

16th.—No.

17th.—No.

18th.—He will be compelled to neglect one or the other.

19th.—He cannot connect himself with any business outside of the profession which will not interfere with his practice.

20th.—No.

Now, above are to be found twenty questions, all of which are truly practical, and some of the questions are such as would require considerable space to answer fully. The true physician surely occupies a position of honor, and will always appear before the public as a physician. To be otherwise would be as a millstone around his neck.

W. H. BLYTHE, M.D.

MT. PLEASANT, Texas.

Epilepsy.

Editor MEDICAL WORLD:

One source of this disease which is often overlooked is tertiary syphilis. Case: A young man after the lapse of a few years of apparent cure of syphilitic taint was taken with epileptic convulsions. The gummy material of this disease evidently was deposited within the cranium, producing pressure on the brain. A mixed treatment of bin-iodide of mercury with as large doses of the iodide of potassa as the stomach would bear evidently caused an absorption of this deposit and thus effected a cure. The following was the formula used:

℞ Bin-iodid. hydrarg..... iij grs.
Iodid. potassæ..... ʒ iij
Tr. aurantii cort .....
Syr. simplicias.....āā ʒ ss
Aquæ..... ʒ viij
M.—Teaspoon to dessert spoon three times a day.

It is well where convulsions are caused by this pressure to make a saturated solution of the iodide of potassium; say:

℞ Aquæ..... ʒ vi
Iod. potass..... ʒj

and give all the stomach will bear twice a day in addition to the first mixture. Milk is a good menstruum in which to administer it. Recollect the peculiarities of this latter medicine and do not give it after eating starchy food. Stop it when it causes diarrhœa or its peculiar eruption.

E. B. SILVER, M. D,

RAHWAY, N. J.

Replies to Drs. Latta and Markley.—Vermifuges.

Editor MEDICAL WORLD:

If Dr. Latta, of Moscow, Ind., will put his patient on four or five grains each of gum camphor and bromide potash, twice daily, and use cold water to the genitals on going to bed, and get him to consent to keep his mind off of lecherous subjects, repent of the error of his past habits, seek pardon for the same and live a life of virtue and piety, he will be restored.

Dr. Markley's supposed case of dilated artery—which he describes as though it was on the surface, giving size and length—may possibly be the gastrica inferior sinistra, situated between the laminæ of the anterior portion of the omentum, and not a dilated aorta.

The formula for Fahnstock's Vermifuge, in the December number of THE WORLD, is a mistake. The old preparation is a very simple mixture—and good—but can be improved. It is composed of wormseed oil, one part; castor-oil, eight parts. The *National Druggist* got names mixed—it meant McLean's.

I will answer the twenty questions of Dr. Putnam for the February WORLD.

N. B. HALL, M.D.

FAIRMOUNT, Ga.

For Nocturnal Emissions.

Editor MEDICAL WORLD:

In answer to V. T. Latta, M.D., of Moscow, Ind., I would suggest the following for nocturnal emissions:—

℞ Bromidi potass..... ʒ j ss
Fl. ext. gelsemium..... ʒ iv
Aquæ dist..... ♁ j

M.—Sig. One teaspoonful every three hours, and two before retiring; increase to double the dose if necessary, but after getting the effect of gelsemium on eyes reduce the dose.

Please sign, BANGOR.
Maine.

For Enlarged Liver and Indigestion.

Editor MEDICAL WORLD:

I have got so many good points out of THE WORLD I will venture to offer a few. The brethren may criticise as much as they please.

In answer to V. T. Latta, M.D., in December WORLD, I will suggest for enlarged liver and indigestion the following:—

℞ Prec. phos. calcium..... ℥ ij
Fl. ext. hydrastis..... ʒ iv
Fl. ex. nucis vom..... ʒ ij

M.—Sig. Shake before taking—one desert spoonful after each meal; but if much constipated, add:

Fl. ext. wahoo..... ℥ iv

BANGOR.
Maine.

Reply to Dr. Latta.

Editor MEDICAL WORLD:

In reply to the inquiry of Dr. Latta, of Indiana, as to the best treatment for nocturnal emissions, I will state that if the patient is plethoric, bromide of potassium is the remedy; but if the trouble is due to laxity of parts, belladonna, ergot, iron, and strychnia are the remedies. The following prescription will answer in many cases:

℞ Lupulin..... ʒ ij
Pulv. camphorae..... gr. xxiv
Pulv. gelsemium..... gr. xij
Pulv. opii..... gr. xij
Pulv. ipecac..... gr. vj

M. et ft. chart No. 12.—Sig. One at bedtime.

J. M. COVINGTON, M. D.
ROCKINGHAM, N. C.

"Drawing Out" Electricity With Wet Earth After Lightning Stroke!

Editor MEDICAL WORLD:

A young man, while unhitching a team of horses last July, in a storm, received a severe stroke of lightning. The current first struck both horses killing them instantly, then went down their legs into the ground; and to the young man's right arm, he having hold of one of the horse's bits; from his arm the current passed down his right side and both extremities to the ground, scorching his body in its course, and tearing his clothing and boots in shreds. I was summoned in great haste and found that the young man had not yet recovered from shock; mental bewilderment, feeble pulse, pallor and coldness of surface. I administered a stimulant (whiskey) cautiously, and instructed some of the lookers on to apply heat and friction with hot flannels. In a little while reaction occurred with considerable violence and he was in a stage of excitement. The parents then told me they had telegraphed for Dr. ——, their family physician and expected he would arrive in a short time and asked if I would stay until his arrival. I told them I could not wait; but when Dr. —— came they could let him know of my visit and he could act accordingly, and expressing an opinion that the patient was in a fair way to recover, I left. Dr. —— subsequently relating the case and his treatment, said: "When I arrived the fellow was in a stage of excitement, so I just slapped on my poultice of wet earth and copperas to both feet and it soon drew out the electricity to such an extent that you could smell brimstone in the room for hours; and when the electricity had all been drawn out of his body, he soon quieted down and went to sleep." I simply bring this out to question the efficacy of the Doctor's poultice and to dispute a popular opinion prevalent among some of the profession as well as the laity, namely that you must apply moisture in the form of water or wet earth to draw out the electricity of a person struck by lightning. I consider the only treatment in such cases as the above is a treatment relative to shock from any cause.

JOHN SPECHT, M.D.
HENRY, Dakota.

Editor MEDICAL WORLD:

In December number of WORLD Dr. S. D. Weir asks for prescription for "Wabash scratches." Tell the doctor the following:

℞ Liquid styrax.....
Olive oil.....of each... oz. 1½
Alcohol..... oz. ½

First melt the storax, then add the other ingredients.—Sig. Apply once or twice a day for three or four days.

Also in same number C. A. S., M. D., of Farley, Ia., ask for prescription for itching and swelling of the hands and feet. I think there is some trouble in the capillary circulation of the extremities. The following will perhaps give relief:

℞ Spirits of camphor.....
Glycerine.....of each... oz. ½
Rose water..... oz. 1
Carbolic acid..... drops 10

M.—Sig. Apply to parts thoroughly morning and night.

FRANK M. JONES, M. D.
STRONG CITY, Kan.

FRACTURE OF THE PENIS.—Dr. H. A. Veazie, of New Orleans, reports the case of a young man who fractured his penis during the act of coition. On examination, it was found that the penis had been broken through and through, except the cutaneous covering. The two fragments could be moved upon each other, and on making traction a distinct sulcus could be felt at the seat of the break, which was about an inch and a half back of the corona. The urethral spongy body and the corpora cavernosa all evidently broken through. His urine was drawn off, quinine and opium given, and incisions made through the skin to give exit to the extravasated urine. The next day he had high fever and severe rigors. Sloughing occurred in patches, none larger than a half-dollar piece. A disinfectant lotion of liq. sodæ chlorinat. was applied to the penis, and he was instructed to draw his urine with a cathether when necessary. He made a good recovery, all openings healed well, but the distal fragment did not become erect until six months after the accident. The organ finally recovered its former usefulness. This was a case evidently of fracture of the healthy penis, there having no been no disease of that organ up to the time of the accident.—*N. O. Med. and Surg. Jour.*

THOUGHTS OF LEADING MEDICAL THINKERS.—When a woman frequently aborts, and no cause can be found, give her anti-syphilitic treatment.—*Parvin.* Gynæcology is as much surgical as medical practice, probably a great deal more so; and the modern gynæcologist who may not handle a knife is very much like the modern soldier who is prohibited from using gunpowder.—*W. S. Playfair.* Glycerine has decided power in preventing fermentation in the stomach.—*Bartholow.* Chorea that cannot be controlled justifies the induction of abortion.—*Lusk.* The increase of tapeworms is attributable to the increased amount of raw and very rare beef eaten.—*Bartholow.* It is held that the discharge from jequiritic ophthalmia may infect healthy eyes.—*Shoemaker.* One full dose of picrotoxine—1-40 gr.—at bedtime, is sufficient to control the nightsweats of consumptives.—*Cauldwell.* The true use of a porous plaster is to retain the back in its proper position and let the pain crawl out the holes.—*A Milwaukee Druggist.* Permanganate of potash, as an excitant of the menstrual flow is, I think, the best emenagogue which has yet been discovered.—*Thomas.* The obstetric forceps is probably the most life-saving instrument which surgery has ever invented.—*Thomas.* The only real improvement made in the obstetric forcep since the days of Smellie & Levret, is that of Tarnier.—*Thomas.—Miss. Nat. Med. Monthly.*

Doctors, continue to send brief, practical articles to THE WORLD. "Never weary in doing good." By speaking through these columns you reach the profession of every section of the United States and Canada, and several foreign countries. We are rapidly approaching "the largest circulation."

OPINIONS.

The following are selections from a few of the many commendatory letters which we receive daily:—

Dr. J. S. Callen, of Shenandoah, Pa., writes:—"I am well pleased with THE MEDICAL WORLD. I regard it as my friend."

R. Harvey Reed, M.D., of Mansfield, Ohio, writes:—"For a brief, concise and practical statement of living topics I am very much pleased with your journal."

Dr. W. J. Evans, of Groton, Dakota, writes:—"I am well pleased with THE WORLD. I think it is one of the best journals published."

Dr. T. H. Lyon, of Martin, Ga., writes:—"I could not do without your valuable journal. I hail its arrival each time with delight."

Dr. H. S. Doniphan, of Sicily Island, La., writes:—"I like THE WORLD better than any of the journals, and I shall *do all I can* to increase its circulatfon in this section."

Dr. O. W. Carlson, of Milwaukee, Wis., writes of THE WORLD:—"This is a good journal—a recreation to the busy practitioner, who has only time to read short articles of merit."

Dr. E. R. Jenkins, of West Chester, Iowa, writes:—"I borrowed a copy of THE MEDICAL WORLD from a medical friend and, after careful examination, I conclude that it is too valuable a journal to be without."

Dr. A. C. Le Gette, of Webster, Florida, writes:—"The articles in the December WORLD are worth more than the subscription price."

Dr. J. Harry Turner, of Berrien Springs, Mich., writes:—"THE MEDICAL WORLD should be on the table of every intelligent and studious physician."

Dr. M. M. Brown, of Ithica, N. Y., writes:—"I enjoy THE WORLD hugely. It is spicy, sprightly and companionable."

Dr. Wm. J. Judd, of Henderson, N. C., writes:—"I have taken your most valuable journal this year and wish to continue for life."

Dr. Leo Harrison, of Paris, Texas, writes:—"I am doing strictly an eye practice, and have confined myself to that specialty for years; but I am so well pleased with THE WORLD that I would take it at twice the present price."

Dr. R. C. McCann, of Benton, Miss., writes:—"I am delighted with THE WORLD. You deserve and should receive the thanks and support of the medical profession for publishing such a journal. It fully meets the every-day wants of the busy, country practitioner."

Dr. W. P. Maiden, of Alpena, Mich., writes:—"I have only seen one number of THE WORLD (September), and am greatly pleased with it. It is *practical;* just what the country doctors most need. If the Chart 'The Urine in Disease,' is as good as THE WORLD I shall conclude that I have struck a bonanza."

Dr. F. L. Ladue, of Alburgh Springs, Vt., writes:—"I admire your journal very much; in fact I think it is the beau ideal of a practitioner's journal. I take half a dozen journals, but none of them do I pick up with the expectancy of finding something fresh, interesting and instructive, more than THE WORLD."

Dr. R. Williams, of Marcelline, Ill., writes:—"The more I see of THE WORLD the better I like it. You can safely enter my name as a life-time subscriber."

Dr. S. B. Divelbiss, of La Cygne, Kansas, writes:—"I am a subscriber to several medical journals, but THE WORLD beats them all for price and reading matter furnished. The Chart is the most convenient affair of the kind that I have ever seen."

Dr. J. H. Radford, of Galt, Ontario, writes:—"It is the most complete chart I ever saw. A medical friend says that he never saw its superior, and that every medical man should have one. I think it is my duty to tell you this, so that the profession may have the benefit of it."

Dr. S. W. Hopkins, of Sarcoxie, Mo., writes:—"Chart received to-day. To say I am pleased with it hardly expresses it. It is worth the price of THE WORLD to any practitioner, and THE WORLD is unsurpassed.

Drs W. N. Gelt, of Port Conway, Va., writes of THE WORLD:—"It is the best monthly I ever saw."

Dr. Elmore Palmer, of Boulder, Col., writes:—"I cannot practice without THE WORLD. I take fourteen medical journals, among which are the large (and expensive) weeklies of the East, but for actual benefit your journal *surpasses them all.* The chart is perfect—a big volume alone."

Later—"THE WORLD to me is worth all the other medical magazines that I take. I shall let some pass; THE WORLD never.

Dr. W. E. Wysham, of Catonsville, Md., writes:—"I am *more and more* pleased with THE WORLD and am *perfectly delighted* with the Chart, which is worth *ten times* the subscription price of your journal."

Dr J. T. McShane, of Carmel, Ind., writes:—"When I receive THE WORLD with several other journals in the same mail, as sometimes happens, I always go through it first. It is such a valuable bundle of medical information that no physician can well afford to do without it."

—o—

WE notice the following in the *Texas Courier-Record of Medicine*, for October:

"THE MEDICAL WORLD' AND SOMETHING ELSE.—Dr. Taylor's excellent journal is to be enlarged next month by the addition of sixteen pages, and he still gives it to readers for $1 per annum, with his chart, 'Urine in Disease,' thrown in. Come, Doctor, this is literally 'too much sugar for a cent.' Raise the price of THE WORLD; the *chart* is worth more than you ask for both."

Thanks, Doctor. Probably your advice is good; but our plan is to continue to enlarge the WORLD as circumstances justify, and *not to increase the price.*

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

While tying the umbilical cord at a "country frolic" a few evenings ago, an old lady asked me, "Who tied Adam's umbilical cord?" Have you any record of that piece of early obstetric surgery?

W. L. SUGGETT, M. D.,
FLORA, ILL.

[We respectfully refer this question to the class known as "Preacher doctors."[—ED.

—o—

Editor MEDICAL WORLD:

INSTEAD of elm bark suppositories for rectal strictures I would recommend a piece of distensible rubber tubing two to four inches in length. One end can be tied and closely trimmed, then pass up rectum on pencil or probe; then forcibly distend with water from a syringe and tie the outer end. The pressure will be equable soft and persistent. It can easily be removed by letting the water out. Different sized tubes can be used as required.

G. A. HARMAN.
LANCASTER, Ohio.

—o—

Editor MEDICAL WORLD:

Will some of the readers of the WORLD give us their experience with borate of quinine? Can it be obtained from any of our American drug establishments? J. G. HOLLAND, M.D.
CARRSVILLE, Va.

[We find borate of quinia quoted in the list of a New York city firm which deals in rare drugs and chemicals. It is quoted at $7 per ounce. You can obtain it most conveniently through your druggist.—ED.]

—o—

Editor MEDICAL WORLD:

I would answer the questions of Dr. F. W. Putnam, collectively in the negative. There may be exceptions to Nos. 8, 18, 19, and 20, limited by concomitant circumstances.

Is not "Palmer's Cough Balsam" article, in your last issue, a neat trap to catch "endorsements from leading physicians from all parts of the country" by which the unwary M.D. may be ensnared and utilized in bringing another cure-all before the public to the detriment of our learned profession?

For patient of Dr. V. T. Latta of Moscow, Ind., who "is willing to submit to any kind of treatment," I would recommend a suitable and

congenial bed-fellow. The "slight uneasy feeling in region of prostrate" will disappear, also the other disagreeable features of the case.

C. T. KEMMERER, M.D.

ELDRIDGE, Iowa.

[In answer to the second paragraph in the above, we reply emphatically, *no*. Read Dr. Palmer's article over again and insert the word "not" at the end of the twelfth line in the second column, which our proof-reader unfortunately omitted. See correction on last page of this number.—ED.]

BOOKS, PAMPHLETS, ETC.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY.

MUMPS AS A CAUSE OF SUDDEN DEAFNESS; by Leartus Connor, A.M., M.D., Detroit Mich.

NOTES ON THE TREATMENT OF TRACHOMA BY JEQUIRITY; by Leartus Connor, A.M., M.D., Detroit, Mich.

PUERPERAL, OR CHILDBED FEVER; by T. Griswold Comstock, A.M., M.D., St. Louis, Mo.

JEQUIRITY—ITS USES IN DISEASES OF THE SKIN; by J. V. Shoemaker, A.M., M.D., Philadelphia.

ONE ASPECT OF THE SUBJECT OF MEDICAL EXAMINATIONS, AS SET FORTH IN THE WORK OF THE NORTH CAROLINA BOARD OF MEDICAL EXAMINERS. Presented by the North Carolina Board of Health.

THE CARE OF EPILEPTICS; by S. W. Baker, M.D., Baldwinsville, Mass.

COTTAGE HOMES FOR THE TREATMENT OF MENTAL DISEASES; by S. W. Baker, M.D., Baldwinsville, Mass.

ON THE TREATMENT OF YELLOW FEVER WITH KAIRIN; by William Naegeli, M.D., Rio Janeiro, Brazil.

PROSPECTUS OF THE "ANNALS OF SURGERY."

This is to be published monthly by J. H. Chambers & Co., St. Louis. It will be edited by L. S. Pilcher, M.D., of Brooklyn, N. Y., and C. B. Keetley, F.R.C.S. London, Eng. Price, $5.00 per year.

Alienist and Neurologist, for October.

MODERN MEDICAL THERAPEUTICS, by Geo. H. Napheys, A. M., M. D. Published by Dr. D. G. Brinton, 115 South Seventh street, Philadelphia. Price, in cloth, $4; sheep, $5.

This excellent and practical work has now reached the eighth edition. It is edited by Drs. J. T. Edwards and D. G. Brinton, and has been increased in size to 629 pages. It contains formulæ and therapeutic directions from the practice of many eminent physicians, both American and foreign. It is a very useful work.

A MANUAL OF BANDAGING, by C. Henri Leonard, A. M.. M. D. Price $1.50.

This useful book has been increased in size to 159 pages. It is adapted for self instruction in bandaging, and the numerous cuts and plain directions make self-instruction by the aid of this book very easy. We cheerfully commend it.

THE "BUTLER" PHYSICIANS' DAILY POCKET RECORD, Edited by D. G. Brinton, M. D., 115 South Seventh St. Phila.

We have not seen a more neat and elegant visiting list than this. The patent clasp is very convenient. This is the nineteenth year that this list has been before the profession, and in that time it has become a great favorite.

VICK'S FLORAL GUIDE, for 1885. More attractive than ever before.

THE PUPULAR SCIENCE MONTHLY, for January, is, if possible, an unusually attractive number.

THE PLASTER OF PARIS DRESSING in the Treatment of Fractures; by W. O'Daniel, A.M., M. D. of Bullards, Ga.

DRY TREATMENT OF CHRONIC SUPPURATIVE Inflammation of the Middle Ear; by C. J. Lundy, A. M., M. D. Detroit, Mich.

MURIATE OF COCAINE in Ophthalmic Surgery; by the same author.

CHART OF PREGNANCY. Arranged by Dr. V. Sinz, Trent, Michigan.

This is a very convenient chart of reference for both mothers and physicians. From date of conception it gives in adjoining columns the date of first motion and of birth. The chart can be folded and can be carried in an ordinary visiting list.

OFFICIAL REGISTER OF PHYSICIANS AND MIDWIVES, to whom certificates have been issued by the State Board of Health of Illinois. Gives name, address, age, nativity, qualifications, etc., of each.

A MANUAL OF DERMATOLOGY; by A.R. Robinson, M. B., L. R. C. P. & S., Edinburgh. Pref. of Dermatology in the New York Polyclinic, etc. Published by Birmingham & Co., New York.

This is a volume of Birmingham's Medical Library. It is a substantial and neat volume of 647 pages. This is intended as the basis of a much larger and more original work. It is intended to be a concise account of our present knowledge of dermatology, without giving the author's personal views and the results of his investigations undue prominence. The author has succeeded well. His manner of expression is clear and concise. He seems to say all that is necessary, but not a word too much. His definitions are direct, his descriptions terse, and treatment is not neglected.

BRAINOWORK; OR WARRANTED TO CURE.—This is a small book of 100 pages, paper cover; written and published by Dr. J. Zack Taylor, of Deals Island, Somerset Co., Md. Price 30 cts.

IN answer to numerous inquiries, to all of whom it is impossible to make individual replies, Dr. Wallian desires us to say that the monograph on

"Oxygen as a Remedial Agent," can be had by sending 25 cents to Charles Besiler, 218 Centre St., New York.

Mr. Besiler can also give information as to apparatus, etc., needed to carry out the treatment.

Treatment of Rheumatism.

Editor of MEDICAL WORLD:

Having been asked by letter from a brother physician in regard to the use of Warner's "Elixir of Salicylic Acid Comp." in the treatment of rheumatism, I wish to reply through your columns by reporting the following case occuring in my practice:—

February 8th, 1884, I was called to see Mrs. R. W., aged about 50. Found her suffering from acute articular rheumatism of the upper and lower limbs, all the joints badly swollen and red and very painful; skin hot and dry, and pulse 120 (did not take temperature); urine scanty and high colored, and depositing a red sediment. Gave her Elixir Salicylic Acid Comp. in teaspoonful doses every four hours.

February 10th. Found patient much better; entirely free from pain, but joints still swollen and tender; pulse, 100; skin moist, urine more free and of muddy color. Continued the elixir in ½ teaspoonful doses every four hours.

February 9th. Found patient entirely free from never and pain, swelling all gone, urine free and light colored, pulse 70, complains of nothing except feeling very weak. Gave quinine in 2 gr. doses every four hours. Patient rapidly convalesced, and in one week was feeling entirely well. This, of course, is an extreme case, but I think all will find it a valuable remedy for rheumatic difficulties.

C. V. ELLIOTT, M. D.

MANSFIELD, Pa.

SPECIAL.

SYR. HYDRIODIC ACID: Its Application in Medicine.— HYPOPHOSPHITES.— Churchill's Methods.—This valuable treatise (64 pages) will be sent free to all physicians who have not already received it, upon application to R. W. Gardner, 158 William St., N. Y.

IF you send your name and address on a postal card to the Philadelphia Cocoa Manufacturing Company, 608 Arch street, Philadelphia, and mention THE MEDICAL WORLD, you will receive a sample package of "Tonic Cocoa" free of all cost.

DO NOT fail to send your address to Messrs. Geo. F. Laird & Co., 44 Park Place, N. Y., and get a sample of the new preparation, Oleo-Chyle, which will be sent free of all expense.

WE have obtained permission to say that a sample bottle of Metcalf's Cocoa Wine will be sent on application to *subscribers* to the WORLD. Also, perhaps, a sample bottle of liquor pancreaticus if desired. See adv., page xvii.

To physicians not yet acquainted with hydroleine a sample and pamphlets will be sent on application if the WORLD is mentioned. Address Wm. F. Kidder & Co., 83 John street, N. Y.

WRITE to Fairchild Brothers & Foster for information concerning their new preparations, and samples of the same. Always mention THE WORLD.

IF you mention THE WORLD, a sample of petroleol, or fluid cosmoline, will be sent free upon application. Address E. F. Houghton & Co., 211 South Front street, Philadelphia.

READ lower half of page 2 and send to Messrs. Lambert & Co., 307 Locust street, St. Louis, Mo., for recent medical literature on "Preventive Medicine." A sample bottle of lithiated hydrangea will be sent free if THE WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

When writing to Messrs. Wm. R. Warner & Co. for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD.

It will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

WRITE to the Nelson Pharmacal Works, 18 and 20 Platt street, New York, and get a sample of Gastropeptic, their new preparation. Always mention THE MEDICAL WORLD.

IF you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who address the Rio Chemical Company, 218 N. Second Street, St. Louis, Mo., and mention this Journal.

SEND a postal to Messrs. Scott & Browne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned.

SEND a postal card to Wm. Snowden, 7 South Eleventh Street, Philadelphia, and get a card of

ATTRACTIVE PICTURES.

HAIG'S EXQUISITE ETCHINGS:

Peterboro', Upsala, Street in Seville, and others.

"How Long!" NEW. "Partners." O'NEILL. "My Old Regiment." DETAILLE.

"In the Gloaming." "Saturday Afternoon."

And numerous attractive Etchings and Engravings for all positions. PAINTINGS at moderate prices. MIRRORS, PICTURE FRAMES, all the "ROGERS' GROUPS." Catalogue on receipt of stamp.

JAMES S. EARLE & SONS,
816 Chestnut Street, Philadelphia.

Platt's Chlorides,

A Saturated Solution of the Chlorides of Metallic Salts (comprising Zinc, Lead, Aluminium, Calcium, Potassium, etc., forming a DISINFECTANT, DEODERIZER, and ANTI-SEPTIC of great power and efficiency entirely free from odor or objection, clean, stainless, economical, and invaluable to every practitioner as a sick-room sanitary assistant.

In Combating Fevers, for deoderizing the apartments and disinfecting the discharges, the Bedding, and the utensils of the room.

In Obstetric Practice, in high dilution as an anti-septic, or sprayed about as a deodorant.

In Cancer Cases, and to deoderize old offensive sores or wounds.

In Consumption, to neutralize the poisonous sputa.

In all Contagious Diseases, to arrest their spread, and

For all the Purposes of Household Disinfection, Platt's Chlorides, having no odor, destroying all poisonous matter, gases, and disease-germs by direct chemical action, its great value and usefulness should be known to every physician. It is sold in Quart Bottles at 50 cents each, by druggists generally. To any physician who may still be unacquainted with it, a sample will be sent free of all expense, by addressing,

HENRY B. PLATT, 36 Platt Street, New York.

IF you consider twelve numbers like this, with the Chart, "The Urine in Disease," worth One Dollar, please send your subscription without delay.

Dated,.....188

EDITOR OF "**THE MEDICAL WORLD,**" 401 SOUTH EIGHTH ST., PHILADELPHIA:

Please send me "THE MEDICAL WORLD" for one year, and the Chart, "THE URINE IN DISEASE," for which I enclose **ONE DOLLAR.**

Name, (write plainly,).....

Town, (if City, street and number,).....

County,.....State,.....

The number for.....has been received.

NOTE.—Do not send Postage Stamps. Money sent by P. O. Money Order or Registered Letter will be at our risk. It is generally safe to send money in an ordinary letter, if carefully and properly directed, *but this will be at the sender's risk.*

Back numbers for September, October, November, and December, can be supplied.

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary to the recuperation of the human organism.

CAUTION.

We regret that we are compelled to caution the profession in prescribing Lactopeptine, but very careful investigation has proven to us clearly the necessity of it.

Substitution of cheap and worthless compounds are being made in many cases where Lactopeptine is prescribed.

Lactopeptine is always *uniform*, and its effects are *specific*, and no one has ever been able to imitate its digestive value. If you do not obtain positive results when you prescribe Lactopeptine, you can be sure that some substitution has been made, and in such cases it may be necessary for the physician to prescribe Lactopeptine in the original ounce package to insure certainty of obtaining the genuine article. We can confidently make this assertion knowing the scrupulous uniformity in digestive value of every ounce of Lactopeptine.

Lactopeptine has always been kept strictly in the hands of the Medical profession, never having been admitted in any publications but Medical Journals. It is prescribed by the most intelligent and educated physicians in all parts of the world, and there are but few physicians who have ever used Lactopeptine that will not agree with the late Prof. L. P. Yandell, when he says: "Lactopeptine is one of the certainties in medicine, and in this respect ranks with Quinine."

In the various forms of Dyspepsia, in Vomiting in Pregnancy, and in Mal-nutrition of children, there is no known remedy so positive in results.

The New York Pharmacal Association,

P. O. Box 1574. NEW YORK.

surgeons' pure iron-dyed silk free, if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

WRITE to G. W. Lutz & Co., 22½ S. Ill. St., Indianapolis, and get circulars describing the best hypodermic syringe in the market, and other useful instruments.

FOR CIRCULARS, price lists, etc., concerning the best fountain pen in use address The Ideal Pen Co., 10 Murray St., N. Y., and mention THE MEDICAL WORLD.

WHEN writing to Otto Flemming, 1009 Arch St., Philadelphia, for catalogues of electrical instruments, always mention THE WORLD.

SEND for a sample of Colden's Liquid Beef Tonic and mention THE MEDICAL WORLD. Address C. N. Crittenden, 115 Fulton St., N. Y.

WRITE to the Anglo-Swiss Condensed Milk Co., 86 Hudson St., N. Y., for a sample and mention THE WORLD.

WRITE to W. H. Schieffelin & Co., 170 and 172 William St., N. Y., for samples of soluble pills.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore and get a physician's sample of Mineral Earth. Always mention THE WORLD.

ADDRESS E. Fougera & Co., 30 N. William St., N. Y. for pamphlets on French pharmaceutical preparations together with samples and mention THE WORLD.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co.. on adv. page vi.

SEND a postal to C. Am Ende, Hoboken, N. J., for samples of absorbent cotton, gauzes, catgut, etc., and mention this journal.

A CARD-SCALE, with American and French catheter gauge will be mailed to you free if you address George Tiemann & Co., 67 Chatham St., N. Y. Mention THE WORLD.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

BY mentioning THE WORLD you can get an illustrated pamphlet of the Winter Health Resorts of the West Indies. Address Messrs. James E. Ward & Co., 113 Wall street, New York.

WRITE to Robert Shoemaker & Co., Philadelphia, for a sample of Johnson's Fluid Beef, and mention THE WORLD.

SEE advertisement of Fellow's Hypophosphite, and send for a sample, and mention this journal.

FORMULÆ.

Brompton Hospital (London) Cough Syrup.

℞	Hops	oz.	1
	Hoarhound	oz.	1
	Wild cherry bark	oz.	1
	Iceland moss	oz.	1

Mix and pour on two quarts of water, and simmer to one quart, after which add

Pine tar	oz.	4

Stir till cold, or nearly so, keeping as much of the tar in solution as possible, then add

Good loaf-sugar, or rock-candy	lb	1
Jamaica rum, pure	pint	½

Dr. Brown-Sequard's Formula for Epilepsy.

℞	Brom. sodæ		
	Brom. potass		
	Brom. ammon	āā	ʒ ij
	Iod. potass		ʒ ss
	Carb. ammon		ʒ j
	Tr. columbæ		ʒ ss
	Aquæ		ʒ viij

M.—Full dose, one and one-half teaspoonful before each meal, and three teaspoonfuls at bed-time.

Syrup of Dover's Powder.

℞	Tr. opii deod		ʒ j
	Syr. ipecac		ʒ x
	Syr. simplicis	ad	ʒ ix ʒ iij

M.—Each fluid-drachm contains half a grain each of opium and ipecac.

Solution of Bromide Arsenic.

℞	Arsenious acid	dr.	1
	Carbonate of potassium	dr.	1
	Bromine	dr.	2
	Water	f. oz.	12

Dissolve the arsenious acid and carbonate of potassium in the water, then add bromine, and digest until colorless. Dose, 3 or 4 drops.

—FRANK EDEL, in *National Druggist.*

Ayer's Cherry Pectoral.

The following is said to closely resemble the original, which is so much in demand at this season of the year:—

℞	Acetate of morphia	gr.	4
	Tinct. sanguinaria	f. dr.	2
	Wine of antimony	f. dr.	3
	Wine of ipecac	f. dr.	3
	Syrup of wild cherry	f. oz.	3

Mix.

Tracheal Drops.

℞ Tartar emetic..... gr. 2
Dissolve in two drachms of alcohol, and add:—
Glycerine..... oz. 2
Tinct. sanguinaria..... dr. 1
Mix.—Dose, two to ten drops.

Excellent for infants and children.
—Dr. W. H. H. Smith, in "Practical Hints and Formulæ."

German Worm Tea.

℞ Manna..... oz. 1
Fennel seed..... oz. ½
Senna..... oz. ½
Pink root..... oz. ½
Boiling water to make one pint.

Macerate drugs with boiling water for one or two hours, and add water to supply loss by evaporation.—Dose, teaspoonful to one-half ounce, according to age.

Buckler's Croup Mixture.

℞ Tartar emetic..... gr. 2
Pulv. ipecac..... gr. 40
Syrup of squills..... f. oz. 2
Mix.—Dose, teaspoonful every ten minutes until emesis occurs.

"King's Consumption Cure."

The following is said to be the formula:

℞ Syrup tolu..... oz. 4
Syrup of wild cherry..... oz. 16
Tinct. hyoscyamus..... oz. 2
Syrup of squills..... oz. 4
Chloric ether..... oz. 1
Water, sufficient to make 32 ounces.
Mix.—Dose, for an adult, a teaspoonful.

"Oil of Joy."

℞ Alcohol..... pints 4
Gum camphor..... oz. ½
Oil of sassafras..... oz. 1
Oil of cedar..... oz. 1
Tinct. guaiac..... oz. 1
Tinct. capsicum..... oz. 2
Water of ammonia..... oz. 4
Chloroform..... oz. 3
Mix.

Nerve and Bone Liniment.

℞ Oil of origanum.....
Oil of rosemary.....
Oil of amber.....
Oil of hemlock.....of each... oz. 4
Turpentine..... pints 4
Linseed oil..... pints 6
Mix.—For exernal use only.
—"Kilner's Modern Pharmacy."

"Poor Man's Plaster."

℞ Beeswax..... oz. 1
Tar..... oz. 3
Resin..... oz. 3
To be melted together and spread on paper or muslin.

We have received numerous requests to republish many of the formulæ of patent medicines, etc., which have appeared in former numbers. This we will do from time to time. Among others the following have been asked for:—

Radway's Ready Relief.—(J. J. Pierson, Ph. C.)

℞ Soap liniment, about..... oz. 1½
Tinct. of capsicum, about..... oz. ½
Water of ammonia, about..... oz. ½
Alcohol..... oz. ½
Mix.

Hall's Hair Renewer.

℞ Precipitated sulphur..... dr. 1
Acetate of lead..... dr. 1
Common salt..... dr. 2
Glycerine..... f. oz. 8
Bay rum..... f. oz. 2
Jamaica rum..... f. oz. 4
Water..... f. oz. 16
Mix.—Shake before using.

Mustang Liniment

Is said to be a mixture of coal-oil, water of ammonia and spirit.

A subscriber sends us the following formula for

"Bosche's German Syrup."

℞ Oil of tar..... dr. 1
Fl. extract of ipecac..... dr. 4
Fl. extract of wild cherry..... dr. 6
Tinct. of opium..... dr. 4
Carbonate of magnesia..... dr. 3
Water..... oz. 8
White sugar..... oz. 10
Triturate the oil of tar with the magnesia, mix the fluid extracts and tincture with water, and incorporate with the mixture of oil and magnesia; filter, add sugar and dissolve by agitation.

Correction.—In Dr. Palmer's article in December World, page 230, second column, at the end of the twelfth line, insert the word "not." The sentence should read thus, "Now, brethren, remember I do *not* recommend this for consumption, or any other *specific* cough," etc.

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THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain drops off the stones.—FROUDE.

The Medical World.

"THE URINE IN DISEASE," a Chart 14x18 inches in size, excellent bristol-board, arranged by Louis Lewis, M. D., M. R. C. S. (Eng.), given to subscribers until June 1st, 1885.

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C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.
LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
402 South Eighth Street,
PHILADELPHIA, PA.

VOL. III. FEBRUARY, 1885. No. 2.

OLEATE OF BISMUTH was first introduced by Dr. Louis Lewis in 1876. He wrote an article describing its mode of preparation, chemical composition, and therapeutical applications, which was read at the December meeting of the Pharmaceutical Society of Great Britain, and published in the *Pharmaceutical Journal* of that date. This oleate was much used at University College Hospital, London, in the various forms of eczema. It is especially applicable to those cases in which glycerine compounds cause irritation. It is useful in erythema, peityriasis simplex, eczema of the face, palms, nipples, and genitals; also, when diluted with oil it is serviceable in otorrhœa, and chronic urethral discharges. Oleic acid is one of the normal ingredients of the sweat; it is exceedingly penetrative, and supplies a ready means of introducing vegetable alkaloids and oxides of metals into the system.

MEDICAL PROGRESS seems, sometimes, to move in a circle. This is particularly true regarding the use of calomel. It has probably been the most lauded and the most condemned remedy in use.

It is now reported that a number of physicians of large practice in New York, and probably other parts of the east, have returned to the old treatment of acute lobar pneumonia by large, very large, doses of calomel. Doses of from twenty to sixty grains are given, not only at the outset, but often in the second stage, with a view of checking the progress of the disease and promoting early and rapid resolution. This is probably based upon the theory that calomel is a "defibrinator"; that the blood is thus rendered less prone to consolidation. If this is true, it is easy to see that the process of hepatization is checked, and that the absorption of the deposits already existing, is promoted. At any rate, practitioners that pursue this plan of treatment have very positive views as to its efficacy.

Dr. Droux de Chapois, of France, strangly advocates the treatment of this disease by minute doses of calomel (one-thirtieth of a grain) administered every hour for two days. After treating one-hundred and fifty cases in this way, he claims better results than by any other plan of treatment. He believes very positively that it checks the process of hepatization and aids in the resolution of that already existing. He claims a favorable action upon the entire glandular system; after twenty-four or, at most, forty-eight hours, the skin becomes moist and unctious, the tongue moist, the liver, pancreas, salivary glands, intestines and kidneys are gently stimulated, and the fever abates.

The above applies, of course, only to croupous pneumonia, as the catarrhal variety requires supporting treatment from the first.

Without being able at present to indorse the use of calomel in pneumonia, we cannot resist a series of reflections concerning the history of the treatment of this disease. Bleeding and mercurialization were followed by supporting treatment; that, by the arterial sedatives; then many put these aside for quinine and carbonate of ammonia; now, all of these methods have their adherents, and some—as we have seen

above—are returning to large doses of calomel.

In the treatment of this, or any other disease, the condition and needs of the patient must first be considered; and the requirements in different cases will differ as widely as these needs and conditions. We can see how a case of pneumonia may need a supporting or depressing treatment, according as the patient is sthenic or asthenic. But in the large number of cases that are neither distinctly sthenic or asthenic, a great variety of opinions exist as to treatment. We can hardly hope that these differences will disappear. If they should, what would become the accepted treatment? Who can answer?

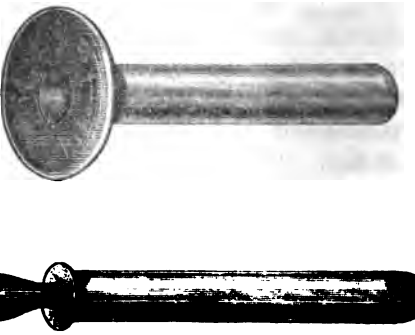
OUR readers will be pleased to notice the announcement of Dr. Louis Lewis as associate editor of this journal. We will spare no pains to make THE WORLD of the greatest possible service to the practitioner.

Management of New-Born Infants.

[The following editorial appeared in THE WORLD for February, 1884, (just one year ago,) and is now reproduced by special request. It then caused some discussion, and it will doubtless stimulate still more discussion now. The subject is an important one, and we invite a full and free exchange of views.—ED.]

In the management of the new born infant we are gradually approaching nature's methods. In a physiological process like reproduction nature is generally competent; and when we depart from her methods we are treading upon uncertain ground. Not only is meddlesome midwifery harmful to the mother, but it is much more hurtful to the child. We recently visited the maternity department of the Woman's Hospital in this city and learned that since last June their management of new born babes has been as follows: As soon as the head is born the eyes are washed with an antiseptic solution. When the body is born the child is left in the bed to await the expulsion of the placenta. No effort is made to remove the placenta under half or three quarters of an hour; before this time it is generally expelled by nature. When the placenta is expelled it is placed in a pan, and the child is wrapped up and laid away *with the placenta still attached.* The child is now left and all the attention is given to the mother. After the mother is properly cared for, the child receives attention. By this time the pulsations in the cord have long since ceased. The cord is now cut and the blood is "stripped" out of the stump, but neither end is ligated. The stump is not dressed, nor is any band put around the child's body. The child is neither washed nor dressed, only a diaper and a simple "slip" or gown is put on and then it is warmly wrapped up and put in a little bed to itself. After twenty-four hours it is taken to the baby's bath room (which is properly heated) and there it is washed and dressed. Dr. Tyng, the physician in charge, tells us that since this plan has been adopted the babies get along much better. We were in the wards of this department about an hour, and during this time we did not hear a single cry from the babies. They all seemed contented and happy and were doing well. We are convinced that washing the child immediately after birth and keeping it half naked for a long time during the process of careful dressing, is not good practice.

SOME years ago I was impressed with the idea that the dilatation of stricture of the urethra was to an appreciable extent impeded by the pressure of the fingers of the opposite hand of the operator on the outside of the penis, whilst endeavouring to insinuate the bougie. The greater the force required by the hand using the instrument, the greater the pressure needed by the other hand on the penis, and consequently, on the urethra.



To obviate this, I had a hollow metal tube constructed, about two and a half inches long, with a broad flange, and fitted with a smooth, bevelled-edge wooded plug, (*see cut,*) similar to the plug of a vaginal speculum, and of similar size to the bougie that was to be used. By inserting this little contrivance first, then removing the plug, and replacing it with the bougie, I found the latter could be urged on with less force, as all pressure from without was removed. Moreover, the instrument acted as a guide support and conductor to the bougie. I have since had these tubes (which are inexpensive) made of graded sizes, to correspond with various sized bougies; and believe they will be found practically useful and convenient.

L. L.

The Current Medical Thought.

PROFESSOR WHARTON JONES, of London, a distinguished physiologist, now states as the result of his conclusions, that the white corpuscles of the blood do not pass through the walls of the capillaries into the adjacent tissues, in inflammation, as was previously supposed; but that they find themselves there through the *obliteration* of the walls of those vessels. So that free leucocytes in the extra vascular tissues are the *result* of inflammatory action, and not the *cause*.

IN THE TREATMENT of bronchocele, or goitre, iodine has been lately found serviceable mainly in the endemic visitations of that disease. In epidemic goitre it is not to be recommended; and in exophthalmic goitre, or Graves' disease, it is contraindicated. Sporadic goitre is probably best treated with ergotine.

DR. ROBERT BARNES, of London, surmmarises the forms of puerperal poisoning under three heads:

1. *Endosepsis*, or self-empoisonment from loss of balance between absorption of waste and its excretion.

2. *Autosepsis*, or self-empoisonment from absorption of decomposing material in the uterus. (This embodies septicæmia).

3. *Exosepsis*, or empoisonment from extraneous sources.

Endosepsis may occur *per se*, but *autosepsis* also implies *endosepsis*; and *exosepsis* is a compound of all three conditions. *Endosepsis* is not considered infectious; *auntosepsis* is. The discharges from one puerperal woman which are capable of poisoning herself, may poison another. *Exocepsis* is doubly infectious; it is infectious as *autosepsis*, and as a zymotic poison.

ETHER has been found peculiarly irritating to patients suffering from renal disease. In these cases, chloroform is better borne.

SCROFULOUS ulcers of the cornea, and those occurring in smallpox, are promptly healed by the application, twice daily, of a few drops of the following solution Sulphate of eserine gr. ii., aq. dist. ℥i. Eserine is an alkaloid obtained from the calabar bean, and is also called physostigmine.

This solution is also useful in acute glaucoma, presbryopia, and neuralgia oculi.

IN RELAXED, atonic conditions of the system, where the tongue is flabby and indented by the teeth, and the skin and other tissues have not their wanted elasticity, the forehead will usually be marked by the slight pressure of the hat; and this red line, or furrow, will be more or less slow to disappear, in proporto the degree of debility.

AN EXCELLENT local application for the temporary relief of neuralgia and gout is prepared by rubbing up together equal parts of thymol, menthol, camphor, and chloral.

THE SALE of dog's flesh for human food is legal in Belgium under certain restrictions. An authorised veterinary surgeon's certificate that the animal had not died of disease, and that the pharynx, stomach and intestines had been removed, is all that is necessary. Lean and emaciated canines are also objected to. This is taking "bark" with a vengeance!

THE ADMINISTRATION of less than a drachm of chloroform caused the death of a lad eight years of age, at the Derbyshire General Infirmary, England, last month. At the autopsy, four hours after death, the heart and its valves were found perfectly healthy, as also the lungs. No organic disease was anywhere discovered. The right side of the heart was full of dark fluid blood, the left side contracted and empty.

IN THE STUDY of the various diagnostic phenomena of disease, the sense of smell plays a not unimportant part; indeed, to an experienced practitioner it significantly denotes the nature of some of the cases he has to examine. Many diseases have their characteristic odors; suggestive, but indescribable in some; in others, familiar by their resemblance to recognised odors. A sour acid smell is often noticed in the room of a patient down with acute rheumatism. The intensely fetid odor of pulmonary gangrene is not readily mistaken. Cancer of the uterus is distinctively offensive. Typhus fever evolves a peculiar mouse-like odor from the patient. Smallpox has an odor all its own. There is a pungent urinous smell about subjects of uræmic retention. The breath of diabetics is suggestive of chloroform. The breath has a marked fetor in scurvy.

Painter's colic, copper poisoning, and mercurial salivation, are each characterised by a distinctive odor. Gastric ulcer gives a mouldy earth fetor to the breath, which is still more pronounced in gastric cancer.

DR. J. M. TAYLOR, of Philadelphia, has had good results with nitrite of potassium in an aggravated case of angina pectoris. The patient had been suffering for over a year with paroxysms of increasing intensity, until death seemed imminent. After giving the nitrate of potassium for four weeks the patient recovered. Nitrite of amyl was used sparingly to control the paroxysms.

DR. EDSON, of New York, has recently discovered that vermicelli is frequently colored with chrome-yellow, which contains lead. Analysed samples yielded as much as three grains of lead to an ounce of vermicelli.

DR. HARE, (of London), extols the value of emetics in the early stages of croup and diphtheria, and in many urgent cases of bronchitis. Formerly they may have been administered with too little discrimination; but when properly and judiciously given, they are frequently of immense benefit, in the removal of phlegm and false membranes low down in the passages.

TANNIN is claimed to be a specific for carbuncle. The dry powder should be sprinkled on as long as it will dissolve. Every day the carbuncle should be washed and re-sprinkled with tannin. It is said that under this treatment the carbuncle soon heals, and without much pain.

As a general rule, chloroform will be found best for young children; A. C. E. (mixture of alcohol, chloroform and ether), for youths; and ether—either with or without nitrous oxide—for adults.

ON December 22, 1884, the Secretary of the Treasury issued the following circular to custom officers in regard to the importation of old rags, in order to lessen the danger of importation of cholera germs into this country during the coming season:

"All circulars of the department concerning the importation of old rags are modified as follows: No old rags except those afloat on or before January 1, 1885, on vessels bound directly to the United States, shall be landed in the United States from any vessel, nor come into the United States by land, from any foreign country, except upon disinfection at the expense of the importers, as provided in this circular, or as may hereafter be provided.

"PROCESSES OF DISINFECTION.

"Either of the following processes will be considered a satisfactory method of disinfection of old rags, and will entitle them to entry and be landed in the United States upon the usual permit of the local Health Officer, viz.:

"1. Boiling in water for two hours under a pressure of fifty pounds per square inch.

"2. Boiling in water for four hours without pressure.

"3. Subjection to the action of confined sulphurous acid gas for six hours, burning one and a half or two pounds roll brimstone in each one thousand cubic feet of space, with the rags well scattered upon racks.

"Disinfection in the bale by means of perforated screws or tubes through which sulphur dioxide or superheated steam at a temperature of not less than 330° shall be forced under a pressure of four atmospheres for a period sufficient to insure thorough disinfection.

"Old rags may be landed and stored at such places as may be approved by this department for the purpose of undergoing any of the processes of disinfection before named, and upon the completion of such process to the satisfaction of an inspector of customs and the local Health Officer the rags may be delivered to the importer or consignee.

"Old rags may be subjected to disinfection by either of said processes in any other country where this department may appoint an inspector to superintend the same, whose certificate of such disinfection shall be authenticated by a United States consular officer, according to department circular No. 61, of April 22d, 1884.

H. MCCULLOCH, Secretary.

A FRENCH surgeon has lately discovered the presence of albumen in the urine of six out of nine patients, after operations under chloroform. The presence of albumen has apparently a closer connection with the anæsthetic condition than with its duration. In some cases chloroform was administered during 20, 45 and 55 minutes, without the development of the slightest trace of albumen. It would appear that there are certain pathogenic conditions connected with the appearance of albumen in urine which have not yet been elucidated. Temporary albuminuria may be provoked by lesions of the peripheral nervous system, by inhaling chloroform, by the administration of chlorate of potash, carbolic acid or lead, and by the presence of blood or pus in the kidneys or bladder.

Albumen is also frequently detected in the urine of females just previous to and after menstruation, and in that of men habitually addicted to alcohol. In those forms of albuminuria which are not dependent on renal disease, the first urine passed on rising in the morning is generally found to be non-albuminous.

IN OUR last issue, we referred to the removal of a tumor from the brain in a London hospital. We now learn the patient died exactly four weeks after the operation, from meningitis. The cranium had been trephined opposite the site of the upper part of the tissure of rolando, and a gliomatous tumor about the size of a walnut had been removed from the gray matter. Hernia cerebri appeared one week after the operation; otherwise there was complete relief of all symptoms. Post mortem, a tract of inflamed meningeal membrane, bathed in recent lymph, was found in and about the wound.

A SOLUTION of peroxide of hydrogen, containing one per cent. of ozonic ether, iodine to saturation, and two and a half per cent. of sea-salt, dispersed in a room by means of a spray diffuser, gives a wonderfully good imitation of sea-air, and is an agreeable disinfectant.

BINIODIDE OF MERCURY is stated by Mons. Miguel to be three times as potent in its action on microbes as corrosive sublimate, a 1 in 4000 solution being sufficient to render any fluid sterile.

THE GANGRENE of the extremities which occasionally follows the continued administration of ergot of rye, is due to impediment to the circulation, caused by spasmodic contraction of the arterioles. It is in this way that ergot arrests hemorrhage of the uterus and other parts.

A SOLUTION of sulphate of copper, 1 part in 100, is a valuable antiseptic, especially in midwifery, and may be safely used, both for its antiseptic and astringent qualities, as an intra-uterine infection.

THE value of fish as an aliment is too little appreciated in this country. It is far easier of digestion than butcher's meat, and much less liable to disease. Populations subsisting mostly on fish are found to be notably vigorous, healthy and prolific; and in no other class do we see larger families, handsomer women, or more robust men. For invalids, and people of weak digestive powers, unable to cope with the coarser animal foods, fish, and especially some sea fish, are invaluable, not only as a source of nutrition, but also as a means of introducing into the system certain elements more efficaciously than in the form of drugs; as, for instance, phosphorus, iodine, and bromine, which are constituents of the oil from the liver of the cod and other species. A scientifically prepared fish broth, embracing these ingredients in a palatable form may be made thus: the uncooked fish should be broken into small pieces, and placed in cold water, a pound and a half of fish to a quart of water, in an earthenware jar; the jar should then be placed in a saucepan of hot water, and slowly boiled over a moderate fire for about an hour. Meanwhile, place some small portions of carrots and onions, a little butter, some leeks, parsley and mint, and a sprinkling of celery seed, in a stewpan, moisten with a little hot water, and let it simmer over a hot fire, for an hour, gradually adding a little more hot water, and stirring, finally add to this the fish stock and strain. This forms a fish broth which fulfills all the requirements of a highly digestible, concentrated and nutritive article of food. It may be made with cod, skate, ray or fresh haddock; the latter being especially valuable and restorative; but mostly all varieties of fish found in our markets, may be advantageously employed as above directed.

IT is a mistaken notion to suppose that rooms with high ceilings are more conducsive to health than low rooms; on the contrary, a ceiling which is moderately low assists ventilation. The vitiated air does not remain in the upper regions, but always reaches the floor by way of the walls, only a portion escaping by the chimney, if there be one. The low ceiling gives the gases less time to part with their heat. What is wanted most in the dimensions of a living room is breadth.

WATER that is bright and sparkling in appearance, and sweet to the taste, is not necessarily wholesome. Some of the worst samples have these delusive qualities, and their unfitness for human use is discovered only by their effects on those who imbibe them. Nor does it follow that discolored water is therefore injurious. Generally speaking, good water should look bright and clear, however, and should have no brackish taste. Water containing decomposing organic matter may give rise to various more or less serious conditions, as diarrhœa, dysentery, typhoid fever, cholera-morbus, carbuncles and boils. Excess of lime or magnesia salts may produce bronchocele, or goitre. The presence of lead may cause colic, paralysis, tremor, amaurosis, wrist drop, and disorders of sensation, and the presence of the ovæ of parasites may occasion the various forms of entozoa.

A GOOD antiseptic atmosphere is obtained by pouring boiling water into a jug containing some leaves of eucalyptus globulus and changing it every half hour or so. This, placed by the bedside of the patient, is highly useful in diphtheria, typhoid, whooping cough, bronchitis, croup, asthma, influenza, and other diseases.

———o———

POWDERED calomel added to the saliva of patients undergoing a course of iodide of potassium will produce a distinct yellow stain, thus furnishing a delicate test of the presence of iodine in the system.

———o———

A SOLUTION of two grains of corrosive sublimate to one ounce of dilute acetic acid not only destroys pediculi, but also dissolves their nits.

———o———

THE mullein plant (*Verbascum Thapsus*) is much used in Ireland as a popular medicine in the treatment of phthisis. It is said to increase bodily weight, and to relieve cough and dyspnœa. It is employed by the people in the form of decoction. The leaves are also smoked in pipes and cigarettes for the relief of asthma and bronchitis. (In this connection, its value may be greatly enhanced by the admixture of some leaves of the *Erythroxylon Coca.*) The mullein is very common in America and may be found by the roadside almost anywhere.

———o———

CARROTS have a stimulating action on the liver, and promote the secretion of bile. The peasants of Savoy use them in infusion in cases of jaundice and deem them quite a specific.

———o———

IN THE LAST issue of THE WORLD, reference is made by Dr. Thom to the rarity of the presence of maggots in the human ear. I here reproduce a paragraph sent by me to the *British Medical Journal*, and published therein, under date, March 12th, 1873.

LARVÆ IN THE EXTERNAL EAR.

An elderly lady complained of uneasiness and irritation in her left ear, and was advised to syringe it well with warm water and soap. On doing so, a number of live maggots, about the sixth part of an inch in length, were expelled from the meatus. I brushed the interior of the canal with a mixture of sulphurous acid and glycerine, and again used the syringe, when some more maggots were washed out, dead. The irritation not ceasing yet, I repeated the application, and two days later one very large maggot crawled out. A further use of the acid and glycerine, followed by copious syringing, brought away a large quantity of minute eggs, after which all the unpleasant symptoms vanished. No ulceration was to be observed in or about the tympanum, nor any apparent inducement for the presence of the maggots. Some insect—probably a fly or "blue-bottle," must have found its way into the meatus during sleep, and there deposited the eggs. LOUIS LEWIS, M.R.C.S.

———o———

TREATMENT OF OTORRHŒA IN CHILDREN.—On the first appearance of pain or tenderness in the region of the mastoid bone and around the ear a strong solution (ʒ ss to ʒ j) of nitrate of silver, should be painted over the parts, and followed up by warm fermentations or opiated poultices. A good application for the meatus is made with equal parts of glycerine of tannin, and glycerine of borax, warmed, or 4 grains each of carbolic acid and sulphate of zinc, in an ounce of water. The use of the Politzer bag is also a useful adjunct to this treatment.

———o———

THE HOSPITAL treatment of cholera in Paris during the late epidemic comprised rubbing with Alcohol or camphorated spirits; and bichloride of mercury, paregoric, or bismuth internally; and, hypodermic injections of morphia, with or without Atropine. As prophylactic measures, all drinking water was boiled; patients were strictly isolated; and thorough disinfection was practiced by fumigation, and by the employment of bi-chloride of mercury, and sulphate of copper.

———o———

ACCORDING to Prof. Corradi, of Pavia, "the transmission of pulmonary phthisis by contagion is possible, under conditions of prolonged co-habitation, in previously debilitated subjects. The possibility of its transmission through clothing, etc., is as yet uncertain, and is *sub judice*, as also its transmission through the medium of the milk or flesh of tuberculous animals especially when cooked." Until these points are definitely settled, it is at least injudicious to countenance the sleeping of a healthy individual in the same bed with a patient suffering from phthisis.

———o———

IT WOULD appear that a solid stethoscope is preferable to a hollow one for all practical purposes; for the resonance of the latter tube is lost when both ends are blocked, and the vibrations of the ear-plate are checked by applying the ear thereto; consequently the bore is quite superfluous.

In the absence of the conventional stethoscope, a very good substitute is found in an ordinary champagne glass, inverted.

PROFESSOR LISTER has found that corrosive sublimate forms with blood-serum a compound which retains the antiseptic properties of the former agent in their integrity, whilst it is perfectly harmless to the skin. Thus the discharges from a wound, in passing through a sublimate dressing, become associated with, but not precipitated by, the contained sublimate and the latter, in this way, is rendered much milder in its action, and more applicable in a concentrated form. One part of corrosive sublimate, in 30, 50, or 70 parts of serum is perfectly amalgamated, odorless, and unirritating; and is as reliable an antiseptic as carbolized gauze. French charpie, saturated with this solution, would constitute an inexpensive and efficient dressing.

LEMON juice, taken fasting, is strongly recommended as a remedy for and preventive of malaria. A whole lemon, with the peel, should be cut up and boiled in three glassfuls of water down to one glassful, for one dose.

We drew attention to this treatment in our article on the "Therapeutic Uses of Fruits" in our November issue.

DR. STERNBERG, suggests a combination of bi-chloride of mercury and permanganate of potash (2 grammes of each) to a litre of water, as a standard solution, which would be reliable for the disinfection of dejecta, sputa, etc,, and for general purposes, if employed in an amount equal to the material to be disinfected. This solution is also an effective deodorizer, and by virtue of its color, would not be liable to mis-application. The risks of contagion from cholera, typhoid, diptheria, tulerculosis, etc., would be reduced to a minimum by a liberal use of this fluid, the germicide power of which, however, is not instantaneous, but requires at least an hour or more for complete development.

THE FOLLOWING forms are excellent powder for "ricketty" children·

℞ Calcis phosphat.....
Calcis carb.....
Ferri phosphat.....āā... ʒ ss

M.—Divide into 15 powders. Sig. Once, twice or thrice daily, according to circumstances and the age of the child.

A POCKET DIARY picked up in the streets of a neighboring city would seem to indicate, from the following choice extract, that the owner was a medical man; "Kase 232. Old Misses Boggs, Ain't got no bisnis, but has plenty of money. Sikness all a humbug. Gave her some of my celebrated 'Dipseflorıken,' which she sed she drank like cold tee—which it was too. Must put something in it, make her feel sik and bad. The Old Woman has got the roks."—*Sanatarian*.

BESIDES nicotine, tobacco contains an alkaloid named collidine, (one of the pyridine series), which is equally as poisonous as the former. In addition traces of hydrocyanic acid, carbonic oxide, and other noxious principles are to be found in the smoke of many tobaccos. Dark-colored tobaccos are really less harmful than the lighter varieties (contrary to popular opinion), since the latter owe their color to an injurious bleaching process to which they are submitted.

SIR ANDREW CLARK has demonstrated that the urine of patients suffering from catheter fever is invariably laden with numerous micro-organisms of different kinds.

We would suggest the unction of instruments with an ointment consisting of say, one grain of corrosive sublimate to two ounces of lard, in the treatment of those entering on "catheter life." This would nearly represent one part in one thousand.

The various oils have been used, but the corrosive sublimate sinks to the bottom. Cosmoline has also been tried, but it does not do so well as lard.

MEDICINES are more completely absorbed in the stomach before breakfast than at any other time, excepting in cases where gastric catarrh is present. The greater part of remedies administered immediately after a meal passes off by the bowel, very little entering the circulation.

PROF. DA COSTA reports a case of typhoid fever in which the persistent high temperature did not yield to large doses of quinine. The patient being too weak to be put into the cool bath, cloths, wrung out of iced water, were applied to the abdomen. This reduced the temperature promptly, and the patient progressed to final recovery. The Doctor thinks that the cold applications saved the patient's life.

OIL OF GAULTHERIA has been tested in Bellevue Hospital in the treatment of rheumatism. Ten minims of the oil were emulsified with half a drachm each of glycerine and water, and given at two or three hour's interval. Great relief to the severe pain and swelling was secured in most instances; but this relief was

followed by the exhibition of symptoms due to the effects of the drug, as singing in the ears, deafness, "fullness" in the head, etc. It is best given in capsules.

DR. FAULKNER (Pittsburgh) treats the paroxysms of asthma successfully by the application of tincture of iodine along the course of each pneumagastric nerve in the neck.

Infant Feeding.

Infant mortality everywhere is closely connected with infant feeding. In Norway, and in the Faroe Islands, where the smallest mortality among infants exists, they are invariably breast-fed, while in Bavaria and Iceland, where the mortality among infants is greatest, they are chiefly fed on cows' milk and farinaceous foods.

It is a fact full of practical instruction that, during the Franco-German war, when, by the sufferings of starvation in Paris caused by the siege, the general mortality of the population was doubled, that of the infants was reduced forty per cent. by the mothers being compelled to suckle their babies instead of feeding them artificially.

In times of famine in various places, where mothers have been obliged to suckle their infants, even though themselves restricted to a scanty supply of food, and not always of a wholesome kind, the improved vitality of infants has been the invariable result; demonstrating that even poor breast food is superior to the best artificial feeding.—*Sanitarian.*

BEARING in mind that the stomach of a horse is small in proportion to the size of his frame, he requires feeding often, and, though three times a day is sufficient, four times is better. Unlike human beings, horses should drink before they eat, because, owing to the conformation of the horse, water does not remain in the stomach, but passes through it into a large intestine called the cæcum. If a horse be fed first, the water passing through the stomach would be likely to carry with it particles of food, and thus bring about colic. Whatever a groom may say, let a horse drink just as much as he likes. If he be watered four times a day, he will never take very much, or too much to be good for him. A horse, it must be remembered, is fed on dry food, and this, with the strong work done by a hunter, always produces feverishness, which a sufficiency of water tends to allay.—*London Field.*

CHRONIC COUGH is said to be much relieved by the inhalation of the vapor of glycerine, obtained by evaporating it in a porcelain dish over a spirit-lamp. In some cases the value of this inhalation is increased by the addition of carbolic acid to the glycerine.

House-Heating and its Dangers.

Briefly to summarize both the sources of disease and the diseases likely to arise from artificial heating, we have:

1. Vitiated air in sleeping-rooms made thus, and deleterious, through carbonic acid, or the sulphuretted or phosphoretted gases, transpired through overheated iron, producing the morning headache, lassitude, and constipation, or the more serious disorders of the stomach, liver, or skin.

2. Poison germs from unclean cellars, or leaking drains, or of surface air from outside warmed into life and developing diphtheria, typhoid, and typho-malarial fevers, infantile diarrhœas, or the wasting disorders of early childhood, erysipelas, puerperal fever, and the other diseases arising from blood-poisoning.

3. High or suddenly changed temperatures, rebreathing of air in close-shut rooms—producing influenza, catarrh, bronchitis, and consumption.—DR. HOLDEN in the *Sanitarian.*

IT TAKES 10 years to obtain a physician's degree in Sweden; 8 in Norway; 7 in Denmark; 6 in Holland, Belgium, Switzerland and Italy; 5 in Russia, Austria, Hungary, and Portugal; 4 in England, France, and Canada; 2 or 3 in the United States; 2 in Spain.

Lines to Jenner.

Within this tomb hath found a resting place,
The great physician of the human race;
Immortal Jenner! whose gigantic mind
Brought life and health to more than half mankind
Let rescued infancy his worth proclaim,
And lisp out blessings or his honored name;
And radiant beauty drop one grateful tear,
For beauty's truest friend lies buried here.

STIMULANTS IN TYPHOID FEVER AND PNEUMONIA.—The action or the heart is to be maintained during the height of the period of depression of these acute diseases. Alcoholic stimulants have mostly been relied on by physicians. It must not be forgotten their administration requires much close watching and skillful management for obvious reasons. The hypodermic injection of atropine and strychnine is a most potent stimulant to the cardiac nerves and centres. There is no doubt of this, that in small doses this combination promotes the continuance of the hearts action without

exhausting either the heart tissue or the nerve centres. Small doses of strychnine and belladonna alternately, by the mouth, afford safe and efficient stimulation, when repeated at proper intervals and in proper doses, which should be small.

Careful watching during the night to detect any evidence of approaching collapse that may be insidiously coming on, and to checkmate it by proper precaution and appliances.—*Ga. Eclec. Med. Jour.*

IN SOME PARTS of South America, new rum is converted into "old Jamaica" by immersing raw beef in it. In a barrel containing a hundred bottles, two pounds of the meat, less the bones and fat, is allowed to soak for eight days.

Vivisection.

Painful experiments on animals are prohibited in England under heavy penalties, except under the following restrictions: "The experiment must be for medical or physiological purposes. The operator must be licensed under the act. The animal must be under an anæsthetic. If severely injured, it must be killed before it recovers. The experiment must not be for public entertainment or for attaining manual skill. This act does not apply to the invertebratæ. There are special restrictions as to operations on horses, dogs, cats, mules and asses. Special licenses may be obtained to relax the general restrictions under certain circumstances. Applications for license must be signed and countersigned by university professors. In criminal cases, a judge may order such experiments." The majority of the experiments are performed on frogs.

Average Amount of Secretions in the Twenty-four Hours.

Saliva—two or three pints.
Gastric Juice—from 16 to 31 pounds.
Bile—about 40 ounces.
Pancreatic fluid—about 5 ounces.
Glandular Intestinal fluids—about 10 ounces.
Sweat—about 2 pounds.
Urine—about 50 ounces.

Syrian Treatment of Cholera.

℞ Alcohol, at 36°.....40 centilitres (about 13·6 fl. oz.)
Essence of English peppermint..... 12 drops
Laudanum.....12 grammes 3 drams

Mix thoroughly. Dissolve 200 grammes (7 oz. 1 dr.) of sugar in 60 centilitres (about 20·4 fl. oz.) of water; add the above, and place whole in a stoppered bottle. Dose, one wineglassful, for an adult, to be repeated as occasion requires.—(*Communicated.*)

Acute Erysipelas: Remarkable Result from Pilocarpine.

Editor MEDICAL WORLD:

I have here a case to show you which I think will interest you, as it brings out rather a novel treatment of erysipelas. I intended to exhibit this to you this morning as a case of erysipelas, but I find that the erysipelas is gone. I, therefore, can only speak of the treatment, which has proved more quickly efficacious than I supposed it would.

This man, B. K., 32 years of age, a fireman, was admitted only day before yesterday. This is the record upon admission: "He says that he was quite well yesterday (November 12th), but did not go to work, as he was celebrating the election. In the evening, according to his statement, he was not drunk, though he had been drinking a little, and became engaged in a very earnest political discussion, when some one, equally earnest, struck him in the right eye, making a bruise on the cheek and a small lacerated wound of the eyebrow," the evidence of which you may see for yourselves. The man at that time was quite well, although under the influence of liquor. "During the night he had much pain in his eye, and in the morning the eyelids were œdematous and the cheek likewise swollen, red and burning." When he applied for admission, the inflammation was confined to the right side of the face, but it spread rapidly, and the same afternoon both eyes were closed. It is worth adding to this history that he had slept out all Wednesday night after receiving the injury. He was admitted on Thursday morning, with erysipelas of the upper part of the face, which was rapidly spreading over the brow. His pulse was 80; temperature, 102.8°; respiration, 22. The urine was examined, with a negative result. He was ordered tincture of the chloride of iron, twenty drops every three hours, but only received one dose; as the disease was rapidly spreading, and was needed to make a prompt impression, I used another and more active agent. This was not the first case in which I had used this remedy, but it was the first in which I obtained such rapid relief. He received, hypodermically, one-sixth of a grain of the muriate of pilocarpine. The result was remarkable. Here is the temperature record; the temperature fell from 102° to 99½°. He sweated profusely for an hour and a half, and there was no further development of the erysipelas; not only did it not spread further, but what did exist quickly subsided. No local treatment was employed, not even cold applications; therefore, whatever success was obtained was from the pilocarpine.

I call your attention to this treatment of erysipelas. I said that it had not been my first case, although it was the most striking case I have seen. As long as five years ago I used jaborandi in the treatment of erysipelas until sweating was produced, and, I thought, with the result of checking further development. In one case with high temperature the disease had already made some headway, and did not subside so quickly. Under the use of iron the disease had not been controlled, but the fluid extract of jaborandi, given every two hours, checked it. I have since used the jaborandi in connection with the iron at times, with good results. This is, therefore, not a new treatment with me, as I have used it for some time. Jaborandi and pilocarpine, its active principle, are, of course, similar in their effects.

I have called your attention to this treatment, not because I believe that it will be followed by the same result in every case, but because it is worthy of a trial. If you get a case of erysipelas in its beginning, use pilocarpine. It has saved this man a long and dangerous illness, and, as he had been drinking, as he says he had, the results might have been serious. In the use of this treatment it should be borne in mind that, in order to be fully effective, profuse sweating must be produced.—*Prof. Da Costa.*

It is a well-known fact that the quality of the cow's milk changes with the time lapsing after she has calved. On first calving it is decidedly laxative. Later on it looses this property, and at the end of a year the milk of a farrow cow is very astringent. The milk of the cow with calf also gradually changes with the period of gestation, becoming increasingly watery and having a limy taste. It is evident, therefore, that a child fed on "one cow's milk" must during the course of eighteen months receive quite a variety of food, and that at times during this period this food is not strictly of a physiological nature. In the supply of our cities, moreover, no care, of course, being taken to keep these different varieties separate, the milk must be of a very heterogeneous nature. To obviate the dangers which are associated with this variation in the quality of milk, Mr. Lloyd F. Abott advises (Boston Medical and Surgical Journal) the spaying of milch cows. The results which he claims follow this operation are: 1. Increase in the quantity of milk. 2. Constancy of quality. 3. Improved quality of milk. 4. Decrease in cost of keeping the cow. 5. Prolongation of the milk-giving period. 6. Increased readiness of fattening the animal and improved quality of flesh. He spayed a cow in November, 1880, at which time she was giving ten and a half quarts of milk daily. At the date of writing, February 27, 1884, the cow was still milking and giving nine and a half quarts a day, and of better quality than that given by a cow having her ovaries. Dr. Mecuen, who took part in the discussion of Mr. Abbott's paper, stated that one cow from which the ovaries were removed has produced milk continuously for eleven years, and in this entire period has fallen off only three pints.—*Gaillard's Medical Journal.*

The Management of a Miscarriage.

Dr. Parrish presented to the class a woman who had been brought into the hospital one week before, with the history of a miscarriage. She was a reliable married woman, whose testimony could be believed. She gave the history that she was four months pregnant, when, going about her household duties, she received a blow on her abdomen, which was the exciting cause of the miscarriage. She did not go to bed either before or after the escape of the fœtus; she broke the cord herself, and continued about her household duties for three weeks with the placenta still in the uterus. She was *not* attended by a physician. During this time she had aches and pains, but very little hemorrhage. Three and a half weeks after the miscarriage, the pains became much more severe; there was considerable hemorrhage, and she was obliged to take to her bed, when she was brought into the hospital. After admission, the hemorrhage became so severe that her life was, for a time, in danger. This was controlled by a tampon saturated with Monsel's solution, placed in the vagina—*not introduced into the cervix*—where it was left for two or three days.

When Dr. Parrish saw the patient, her temperature was 102°. Believing that there was something in the uterus, he removed the tampon and found old clots, undergoing decomposition, in the fundus of the vagina. The os uteri was patulous, and upon introducing his finger, he felt something in the uteris, which he concluded to be either placenta or old clots. The patient was then etherized, and while the uterus was pressed down with one hand on the abdomen, two fingers of the other hand were introduced, and the foreign body, which proved to be the placenta, was removed. After this, the uterus was injected with hot water (112°-115°), which temperature could be raised if the patient is etherized. He also used an injection of corrosive sublimate, 1 to 2000. The patient was then put to bed, without any special treatment, for a few hours. Within twenty-four hours the

temperature fell to 99°; there has been no pain, no offensive discharge, and the patient is doing well. The lecturer considered that this case teaches us that the placenta at the fourth month can remain in the uterus for some weeks without producing serious symptoms, *but that it will produce serious trouble before it comes away.* He considers it criminal to let the placenta remain until bad symptoms develop, as had been taught hy some authors. As an expert, he would call such action *malpractice.* He related the case of a woman where the placenta was left after a miscarriage. Four weeks subsequently, she was seized with severe hemorrhage; but even then her attending physician failed to remove the decomposing placenta. Four days later, Dr. P. was called in consultation; the woman was moribund; the placenta was removed, but the patient died.

The lecturer considers no practice so fallacious as the use of *drugs* for the purpose of emptying the uterus, more especially of a placenta. The weakest portion of this organ is that to which the placenta is usually attached, the strongest being that which includes the contracting fibres of the cervix. Hence when we give ergot, we close up the cervix and incarcerate the placenta; and we also render the introduction of the finger, for purposes of examination, next to impossible. He would not leave the placenta in the uterus more than an hour after a miscarriage.—*Medical and Surgical Reporter.*

In another case of narrow or contracted pelvis, where the conjugate diameter did not exceed 2¾ inches, and in which I determined to induce premature labor, at about seven and a half months, I used a medium-sized (No. 14, French scale) olive tip bougie, introduced carefully while the patient was in Sims's position. The bougie was introduced without rupturing the membranes, and passed across the fundus of the uterus in a spiral or curved direction, and then left for twelve hours, when labor supervened. The labor was completed in six hours, and the infant was alive and did well. The mother made a good recovery.

The plan of inducing premature labor by the introduction of a flexible gum elastic bougie, reported in the *Retrospect,* No. 71, p. 190 (by John C. Lucas, Esq.), is evidently a safe and easy method. My experience in the use of sponge tents, even when thoroughly carbolized, for dilating the cervix for any purpose whatever, is unsafe and often leads to irreparable mischief. For a long time I have abandoned their use altogether. The use of a flexible gum elastic bougie is more scientific. The bougie is cleanly, its presence in the uterine cavity, across the fundus, after a few hours, will often excite healthy and normal uterine contractions. And in any case where any unpleasant or any constitutional disturbances arise from its presence, it can be readily removed by the attendant, or the patient herself, before alarming or serious symptoms supervene. The bougie is also applicable in cases in which it is desirable to induce abortion for the relief of obstinate vomiting of pregnancy, that sometimes threatens the life of the patient. I have used it for such a purpose, and have found it a most valuable means of emptying the uterus of its contents. Digital dilatation, when carefully and judiciously practiced, is also a most valuable means in any case where the emptying of the uterus is urgently and speedily demanded.

An important consideration in a case where the induction of premature labor is required, is to ascertain when the time has arrived beyond which pregnancy should not continue. This can only be decided by a careful consideration of the whole history of the case. From my experience in the above cases, as well as from my general obstetric practice, I would state that in no case should the induction of premature labor be undertaken until after a most thorough study or knowledge has been gained of a previous pregnancy, or pregnancies, for it is absolutely impossible to obtain any definite and reliable knowledge relative to the dimensions of the pelvis until after labor is well advanced or immediately after it has been completed.—Dr. A. P. Clark, in *Jour. Amer. Med. Asso.*

"Whatever men may be in other things, they are not 'mostly fools,'" observes the Lettsonian Lecturer of 1885, "in regard to the plan of their meals." A plain dinner ordinarily consists of soup, fish, joint, pudding, bread and cheese, and dessert; and there is a philosophic fitness in the order in which these courses are arranged, and in the principal comestibles whereof they are composed. A stomach which has at all recently performed the function of digesting a fairly substantial meal, providing by its glandular apparatus a sufficient quantity of gastric juice of good quality, is not in a condition to undertake a similar duty unless it be itself first stimulated and strengthened for the task. Peptogens must be supplied to induce and enable the stomach to secrete a proper amount of pepsine. Soup made from meat-extractives, and bread which provides dextrin, afford the nourishment requisite for the gastric organ, and enable it to do its work vigorously.

In countries where the meat is generally tough, and not easily soluble, as in France,

soup at the commencement of a dinner is a gastronomic necessity, and the people resort to it instinctively, without knowing why. In England, where meat is commonly tender and juicy, soup is less urgently needed, but is, nevertheless, always desirable. Its use is to be enjoined on the obvious principle and policy, of feeding the steed before we ask it to bear a burden. Then comes the fish, not superlatively nutritious in itself, as some food-economists seem to have assumed from its effects, but particularly easy of digestion, or, more accurately speaking, of solution. As Dr. Brunton points out, it is the ready solubility of food that constitutes the first and main feature in the quality of digestibility, and this solubility is, in fact, a facility for breaking up into small particles. The short flaky fibres of fish-muscle separate and, therefore, dissolve more easily and quickly than the longer fibres of the flesh of oxen or sheep or poultry. Even in the different parts of the same animal there are differing degrees of digestibility, from the same purely physical cause. Thus the shorter fibres of the breast of a fowl render that part more suited to the need of a weak stomach than the leg, in which the muscle-fibres are longer. Next to the fish comes the joint, when the stomach has been prepared for the reception of the heavier part of the meal; and appropriately with the meat some vegetables, supplying inorganic salts, useful in the digestive process, and by their physio-chemical, as well as their nutrient action, aiding the process of digestion. The bread and cheese, and dessert, play also useful tributary parts in the feeding as a whole. The bread gives dextrin, the cheese albuminoids, the dessert sweet fruity matters; all of which are useful.

There is, however, a matter on which Dr, Brunton lays considerable stress, but which is. we believe, of even greater moment than he seems to ascribe to it, namely, the reflex stimulation of the nervous centres by the mechanical acts of mastication and swallowing, and the sensury exaltation of the higher centres by the pleasures of taste in feeding.—*British Medical Journal.*

Dietary For the Diabetic.

MAY EAT

Butcher's meat of all kinds, except liver.
Ham, bacon, or other smoked, salted, dried, or cured meats.
Poultry. Game.
Shell-fish and fish of all kinds, fresh, salted, or cured.
Animal soups not thickened, beef tea, and broths.
The almond, bran, or gluten substitute for ordinary bread.
Eggs dressed in any way.
Cheese. Cream cheese.
Butter. Cream.
Greens. Spinach. Turnip tops. *Turnips.
*French beans. *Brussels sprouts.
*Cauliflower. *Broccoli. *Cabbage.
*Asparagus. Seakale.
*Vegetable marrow. Mushrooms.
Water-cress. Mustard and cress. Cucumber, Lettuce. Endive. Radishes. Celery.
Vinegar. Oil. Pickles.
Jelly, flavored, but not sweetened.
Savory jelly.
Blanch-mange made with cream, and not milk.
Custard made without sugar.
Nuts of any description, except chestnuts.
Olives.

NOTICE.—Those marked with an asterisk (*) may only be eaten in moderate quantity, and should be boiled in a large quantity of water.

MUST AVOID EATING

Sugar in any form.
Wheaten bread and ordinary biscuits of all kinds.
Rice. Arrowroot. Sago. Tapioca.
Maccaroni. Vermicelli.
Potatoes. Carrots. Parsnips. Beet-root.
Peas. Spanish onions.
Pastry and puddings of all kinds.
Fruit of all kinds, fresh and preserved.

MAY DRINK

Tea. Coffee. Cocoa from nibs.
Dry Sherry. Claret. Dry Sauterne.
Bergundy. Chabis. Hock.
Brandy, and spirits that have not been sweetened.
Soda-water.
Burton bitter ale, in moderate quantity.

MUST AVOID DRINKING.

Milk, except sparingly.
Sweet ales—mild and old. Porter and stout.
Cider. All sweet wines. Sparkling wines.
Port wine, unless sparingly.
Liquors.

—*Therapeutic Gazette.*

Oleate of Copper in Ringworm.

SIR:—On December 4th, last, I read a paper before the Willan Society on the use of oleate of copper in ringworm. I am surprised to read a note in the *Journal* of December 13th by Dr. Liveing, saying that "the results of treatment in his hospital practice did not come up to his expectation." I have been using the drug for two years, and am so satisfied with the result, that I recommend it to my colleagues, who also

express their satisfaction on trying it. But there are oleates and oleates, and impure oleate will irritate the skin. The oleate now made by a process of double decomposition is perfectly pure; and, in my opinion, a very reliable application in ringworm. I have never had complaints, either by hospital or private patients, from its use; and I have used it to some hundred.

With regard to washing the head in ringworm, I agree with other writers, that too frequent washings are not advisable, not for the reason stated, that they carry the spores about, but that any moisture is favorable to the growth of this phytiform parasite. I cannot agree with Dr. Liveing, for the same reason, that frequent washing of the head is a good preventive for ringworm. I should suggest that a little pure olive oil, occasionally rubbed into the roots of the hair, with the addition of a little thymol or eucalyptol, is a better preventive. Hyposulphite of soda is a good application, and is one of the prescriptions of the *Skin-Hospital Pharmacopœia*, published in 1841, for the cure of ringworm; but, in my opinion, it is not equal in value to carefully prepared oleate of copper of 10 per cent. strength.

Oleate of mercury is a drug that should be used with caution, as it is liable to produce constitutional effects; at least, several instances have come under my notice when this drug has been used, producting salivation. It seems to me much more care should be taken by parents, school masters and mistresses, in preventing this troublesome affection from being spread in the wholesale manner it now is, at schools and in families, by seeing that the heads of children are more frequently examined, and at once isolated and treated. All brushes, towels, etc., *should* be carefully disinfected, and used by the patient affected only.—I am, sir, your obedient servant,

JAMES STARTIN,
House-Surgeon and Lecturer to St. John's Hospital for Skin-Diseases.
17 Sackville Street.

—[*British Medical Journal.*

Coca in South America.

SIR:—The following extract from Dr. Hartwig's book, *The Tropical World*, may be of some interest now that cocaine is under discussion.—I am, sir, your obedient servant,

R. EATON POWER.

PORTSMOUTH.

"Although but little known beyond the confines of its native country, coca is beyond all doubt, one of the most remarkable productions of the tropical zone.

"The sultry valleys on the eastern slopes of the Peruvian and Bolivian Andes are the seat of *Erythroxylon coca*, which, like the coffee-tree, bears a lustrous green foliage, and white blossoms, ripening into small scarlet berries. The leaves, when brittle enough to break on being bent, are stripped from the plant, dried in the sun, and closely packed in sacks. The naked shrub soon gets covered with new foliage, and, after three or four months, its leaves are ready for a second plucking, though in some of the higher mountain-valleys it can only be stripped once a year. Like the coffee-tree, the coca-shrub thrives only in a damp situation, under shelter from the sun; and, for this reason, maize, which rapidly shoots up, is generally sown between the rows of the young plants.

"The local consumption of coca is immense, as the Peruvian Indian reckons its habitual use among the prime necessaries of life, and is never seen without a leathern pouch filled with a provision of the leaves, and containing, besides, a small box of powdered unslacked lime.

"At least three times a day he rests from his work to chew his indispensable coca. Carefully taking a few leaves out of his bag, and removing their tendrils, he first masticates them in the shape of a small ball, which is called an acullico; then repeatedly inserting a thin piece of moistened wood, like a tooth-pick, into the box of unslacked lime, he introduces the powder which remains attached to it into the acullico, until the latter has acquired the requisite flavor.

"The saliva, which is abundantly secreted whilst chewing the pungent mixture, is mostly swallowed along with the green juice of the plant. . . . The taste of coca is slightly bitter and aromatic, like that of bad green tea, but the addition of lime, or of the sharp ashes of the quinoa, renders it less disagreeable to the European palate.

"It is a remarkable fact that the Indians, who regularly use coca, require but little food, and, when the dose is augmented, are able to undergo the greatest fatigues almost without tasting anything else. Professor Pöppig ascribes this astonishing increase of endurance to a momentary excitement, which must necessarily be succeeded by a corresponding collapse, and, therefore, considers the use of coca absolutely hurtful. Tschudi, however, is of opinion that its moderate consumption, far from being injurious, is, on the contrary, extremely wholesome, and cites the examples of several Indians who, never allowing a day to pass without chewing their coca, attained the truly patriarchal age of one hundred and thirty years. The ordinary food of these people consists almost exclusively of roasted maize or barley, which is eaten dry without any other addition; and the obstinate

obstructions caused by these mealy aliments are obviated by the tonic effects of the coca, which thus removes the cause of many maladies.

"Tschudi often found the coca the best preservative against the asthmatic symptoms (it might be found useful in spasmodic asthma) 'which are produced by the rapid ascension of high mountains. While hunting in the Puna, 14,000 feet above the level of the sea, he always drank a strong infusion of coca before starting, and was thus able to climb among the rocks, and to pursue his game, without any greater difficulty of breathing than would have been the case upon the coast.'

"So far for its use; the consequences of its abuse he gives as follows:

"'The confirmed coca chewer, or coqueso, is known at once by his uncertain step, his sallow complexion; his hollow, lack-lustre, black rimmed eyes, deeply sunk in the head; his trembling lips, his incoherent speech, and his stolid apathy. His character is irresolute, suspicious, and false; in the prime of life, he has all the appearances of senility, and, in later years, sinks into complete idiocy. Avoiding the society of man, he seeks the dark forest, or some solitary ruin, and there, for days together, indulges in his pernicious habit. While under the influence of coca, his excited fancy riots in the strongest visions, now revelling in pictures of ideal beauty, and then haunted by dreadful apparitions. . . . No historical record informs us when the use of coca was introduced, or who first discovered the hidden virtues of its leaves. When Pizarre destroyed the empire of the Atahualpa, he found that it played an important part in the religious rites of the Incas. . . .'"—*The Tropical World*, by Dr. G. Hartwig, page 184, 1881.—*British Medical Journal.*

For Nervous Headache.

Dr. Hodgdon states, in the Maryland *Medical Journal*, that he has had almost unvarying success in the treatment of nervous headaches by the following:

℞	Alcohol, dilute	oz.	4
	Oil of cinnamon	minims	4
	Bromide of potash	dr.	5
	Fluid extract of hyoscyamus	dr.	1½

M.—Dose, one to two teaspoonful, as required.

It is said to be not disagreeable to take, and to leave no bad effects.

Dr. Elmore Palmer, of Boulder, Col., writes:—"THE WORLD, as enlarged, is a 'daisy' (western idiom). Why don't you enlarge the price? We would all have to have it any way. Or are you editing and running THE WORLD for glory and the fun of it? If so, all right; hope you will faint not. We doctors, can stand it if you can."

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

ORIGINALITY is it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—EDITOR.

A Case of Gonorrhœa.

Editor MEDICAL WORLD:

I have just had a case of gonorrhœa, the treatment of which I think worthy of note.

About three months ago a patient came to me for treatment for gonorrhœa. I tried several of the ordinary remedies (by injection), but to no purpose. I also used the following:

℞	Fluid extract hydrastis	oz.	1
	Carbolic acid	drops	8
	Water	oz.	3

M.—Sig. Inject three times a day.

The above, seemingly, did no good as the case appeared very obstinate. Still, it did seem to me that the hydrastis was the remedy as I had used it with success in several other cases; so I conceived the idea of trying it in another way. I took one half-ounce of powdered hydrastis, put it into one pint of warm water, boiled it down to four ounces, strained, and, when cool, bottled, adding to it eight drops of carbolic acid. Of this I ordered an injection three times a day. The effect was all that could be desired, as after the second injection the discharge began to diminish and patient is now well.

I think this circumstance proves one of two things:—either the extract used was not of full strength (although it seemed to be), or else the same drug prepared in another way will effect a cure when the standard preparation of the same drug sometimes fails. Of course the carbolic acid contained in the mixture must not be forgotten. In this case no internal treatment was given.

FRANK M. JONES, M. D.
STRONG CITY, Kansas.

[The natural course of gonorrhœa occupies about three weeks. It is well known that the disease is much more amenable to treatment after the lapse of this time than before. Possibly this may explain the above.—ED.]

Asclepias Tuberosa.—Treatment of Pneumonia.

Editor MEDICAL WORLD:

Seeing an article in the last number of THE MEDICAL WORLD on the virtues of this plant,

caused me to look over some old notes which I made in the spring of 1862. That spring I had, according to my notes, one hundred and three cases of pneumonia; and as the war was raging and physicians scarce, I rarely saw a patient under two or three days from the commencement of the disease; hence I always found them using some domestic remedy. I made a note of all the remedies using when I arrived, their effect, and the result of after treatment.

The decoctions or teas used, according to my notes, were *Mentha piperita, Hedema puleioides, Eupatorium perfotiatum, Polygala Senga, Marriubum Vulgare, Inula helenium, Zingiber Officinale,* and *Piper nigrum.*

I invariably found those patients who were using the *Asclepias tuberosa* in a better condition, easier managed, and made a more speedy, and better recovery than any of the others; while those who used Zingiber, Piper, and Eupatorium were the most tedious, and made the worst recoveries. Of these one hundred and three I only lost three. I believe from my experience, that the Asclepias does not stand as high in the estimation of the Medical profession as its merits deserve. It, according to my experience, has a fine effect in cases of pleurisy and pneumonia. As I am writing I will briefly give my treatment of pneumonia, and as I have had such abundant success, it would not hurt any one to try it who may desire to do so. If I see a case early I give:

℞ Jaborandi, fl. ext..... ℥ss
Sweet Spts. Nitre..... ℥ss
Tinct. Aconite Root..... 5 m

M.—℞. Repeat the dose every two hours until the patient perspires freely.

I keep the bowels regular, and give quinine and morphia as required. Under this treatment I rarely ever lose a patient, if seen early in the disease. If this treatment is commenced within twenty hours of the incipiency of the disease, expectorants will be found unnecessary and a speedy recovery may be expected.

J. A. REAGAN, A. M., M. D.
WEAVERSVILLE, N. C.

Concealed Hemorrhage.

Editor MEDICAL WORLD:

I was called at night on the 11th of September, four miles into the country to see Mrs. D in her first confinement.

I noticed she was very delicate, and learned from her mother that she was only fifteen years of age and had been in poor health during gestation.

I examined and found the vortex presenting in first position. The second stage lasted four hours and the suffering was intense. The child was large and with all my care to support the perrionium there was slight laceration.

After the birth of the child I administered ergot and removed the placenta. I assured myself that the uterus was firmly contracted and left the mother to visit a patient further out in the country, promising to call again on my return.

An hour later I visited the patient and found her in a comatose condition, sighing deeply. I roused her and she complained of being blind and called for water. I asked her if she was flooding and she assured me that no blood was escaping externally. By palpitation the womb could be felt contracting and dilating. Upon further examination I found it full of clotted blood. I then knew I had a case of concealed hemorrhage and realized the perilous situation. I succeeded in turning out the clots, and by administering ergot and applying cold, secured and maintained a good contraction.

I have written this brief history for the purpose of warning young physicians against the hazardous practice of leaving their patients too soon after labor. I am sure had I been twenty minutes later I would have found the patient dead.

DR. THOS. DORAN.
BROOKLYN, Butler co., Ky.

Treatment For Overdoses of Electricity.

Editor MEDICAL WORLD:

I see an article in your valuable journal written by John Specht, M. D., questioning the efficacy of moist earth in cases of lightning stroke. Having made a specialty of electricity for years, I am fully convinced that, in all cases of over doses of the element in question, the reactionary effects are the vital ones; and in no known way can they be so easily and surely controlled as by the application of either a *hot bath* or *moist earth.* In treating for the cure of diseases with electricity I always look for an attempt to bring about a certain reaction; i. e. I treat with a view to produce certain secondary symptoms, as it is by these that I know and can see the effect I have produced. Some react with a vital force *entirely out of ratio,* with what seems to be their normal or healthy condition. In such cases I have found nothing equal an immersion in hot water.

I think the doctor was right in applying the moist earth. The effects or reaction following static electricity is most easily controlled by moist earth; galvanism, by hot water; faradism, by hot vapor or air.

P. D. SHEMP, M. D.
1117 GREEN ST., PHIADELPHIA.

An Interesting Discovery.

Editor MEDICAL WORLD:

On December 16th, last, two young men, while prospecting at Point Sal, one-half mile from shore, in Santa Barbara county, California, made a discovery of considerable scientific importance, in the shape of a male and female petrefaction. They were lying supinely (I think) and eighteen (probably) inches apart and coerced with a bluish clay. This region abounds in gypsum or sulphate of lime. Hands are crossed on breast, and feet are attached. The man was probably a Caucasian, and is five feet and seven inches high, and appears to have been pierced with a bullet about one inch to the left of the umbilicus, and made its exit about the same distance from the left aspect of the spinal columns, where is to be found a tumor as large at a hen's egg. Occiput is flat and smooth, and was resting on a flat rock when discovered. The female was, probably, an Indian, and is five feet and two and a half inches high, and has *six* toes on right foot. Her cranium seems to have been punctured on the right temporal region, with an oozing of brain substance, indicated by a tumor as large as a turkey's egg. The two weigh 970 pounds.

Truly and fraternally,

WILLIAM OSCAR THRAILKILL. M. D.
SAN FRANCISCO, Cal.

An Obstetrical Record.

Editor MEDICAL WORLD:

In continuance of my friendship and brotherly love for the members of the WORLD'S HOUSEHOLD, I seek to present a subject that I have not seen hinted at in the pages of the WORLD. It is ofttimes well for any one, and emminently so for a physician, to take a retrospect of the past, as well as to be all the time trying to see into the future. Not long since a brother practitioner happened into my office, as he frequently does, and we were talking over our past ups and downs, scenes and incidents and joys and sorrows of a country doctor's life, when he propounded to me a question relative to an obstetrical case that he had some years ago, and finished by saying: "under such circumstances what would you do?" I said to him, our books direct us so and so, but, *practically*, I know nothing about it, as I have never had a case of the kind. I then told him my experience as an obstetrician about as follows, which I assured him, as I now do my readers, is every word true, as my obstetrical record, which I have always kept, will show:

I have officiated at 484 confinements with 485 children, 227 girls and 258 boys. Have never had a mal-presentation. Had one breech presentation only. Have never had to use forceps. Have had one pair of twins only, both girls. Never had a case last over 24 hours, barring "false alarms," one, two or three weeks ahead of time. Never had but one case at seven months, and that my own wife, all others were at full term. Never had a patient with broken breast, except one, my wife. I never have seen a child born into the world with any kind of deformity or "mothers marks;" all have been perfectly formed. Never found cord around the neck but three times. Never had a funis presentation or a case of placenta previa.

Never have used to dilate the os any more than to gently sweep my finger around inside of it when in haste to terminate the labor.

Have never had or seen the necessity for chloroform in a case of labor. Have never had a case of post partum hemorrhage, hour-glass contraction or a still birth. Never have had a placenta adhered above the os internum, and hence have never had my hand in the uterine cavity.

Although I have always been on the look-out for a ruptured cervix or perineum, I never have known either to occur in my practice.

Never had a case among the new born requiring artificial respiration; if any tendency to asphyxia was present, a smart blow on the nates, or a little cold water thrown in the face, was all that was required to produce the welcome cry.

I never have seen a case of puerperal convulsions in my life. Never have had a case of puerperal fever, puerperal peritonites or septic troubles of any kind, whatever occur in my practice. I have never lost a woman or child during confinement, or from any cause resulting therefrom.

When I had finished giving in my experience, my medical friend looked at me with *very* blank astonishment, and said: "You are the most fortunate man in the profession; there is not another doctor in the United States that can say as much and tell the truth." Nothing very remarkable regarding my obstetrical practice had occurred to me, or, that I had been any more fortunate than the majority of rural practitioners, until these remarks by this friend; and I am still very doubtful as to my having been any more fortunate than thousands of other doctors, under similar circumstances. These doubts of mine have prompted this item to the WORLD, hoping

thereby to bring out others' experience. It might be well to state that my practice has always been in a country town, among a thriving, industrious, farming population, where fashions and fancies, sedentary habits, late hours and tight corsets are entirely unknown. The people where principally Irish, and an abortion was looked upon, as it should be, as nothing more or less than murder. When called to attend a case of confinement, I *always* went prepared to meet all emergencies that might arise; I had my forceps, my chloroform, my ergot and all. I have always, *without any exception*, made it a practice to give a dose of ergot a few moments before the child passed into the world, no matter what had been the character of labor; this I do to guard against post partum hemorrhage. My method of supporting the perineum, if I think it needs it in the least, is to introduce my index finger into the rectum, and press gently upward while the head passes through the vulva; at the same time I have the nurse or the husband place hand on the mother's abdomen and gently press, that is, follow down with a steady, equitable and firm pressure as the child passes into the world; under no circumstances whatever do I allow this pressure to be removed for a single instant until I have my bandage in place supplying the place of the hand.

Again, I have always made it an invariable rule to tell my patrons that, if at any time during the latter two or three months of their pregnancy, they had any headache, or noticed any sediment in their urine, to bring me a specimen at once for analysis. I am perfectly satisfied that, by insisting upon this, I have headed off several cases of convulsions, and thus may have saved as many lives.

Now, brethren, is my record, circumstances and methods considered, anything uncommon? I never thought it was. I am anxious to know whether I am right, or my friend, who thinks it so exceedingly wonderful. I shall be pleased to hear from any practitioner surrounded by a similar population through these pages.

In closing, I wish to say, that I have been called in consultation many times in cases of puerperal fever, metritus, &c. On one occasion I performed craniotomy for a neighboring practitioner, but *my own* cases are here *all* recorded. It is possble that, in my next case, convulsions may occur; chloroform may be necessary; may have to turn or apply forceps; may find a still born child or a monster; may meet with hemorrhage, puerperal septicemia, and finally death; but I hope not.

ELMORE PALMER, M. D.

BOULDER, Col.

Texas Speaks.

Editor MEDICAL WORLD:

So far, if I mistake not, Texas has stood aloof in regard to Dr. P.'s questions, and even now falls into line simply to say to Dr. E. A. Cobleigh, of Tenn., Doctor, "them's my sentiments." But I might add that I incline very much to the opinion that the majority of answers were a little too negative (if I am permitted to use the expression) that the almost universal "no," restricts us Texas doctors too much. While we profess to be gentlemen "to the manor born," and that we try to be true physicians, yet there are times that our tried natures need a change; and that change is some species of both innocent and decent amusement. But I can answer the negative in regard to recreation, etc., much better by referring the readers of the WORLD to that inimitable little book, "The Physician Himself," written by Dr. D. W. Cathell, of Baltimore. In fact, I think the book referred to will satisfactorily answer all of D. P.'s questions. Some of the answers would almost deprive us of a single expression of opinion; and I for one believe that a physician has a right to declare his views (I do not mean beat out by) to show his people that he is positive, that he has opinions and principles, and stands by them, so that they can say of him indeed: "This is a man." I can scarcely brook the idea of having physicians robbed of their views upon public matters, rendering them almost automatous and placing them in the almost ridiculous position of "jumping when the people say frog." This takes from him independence of thought and liberty of speech. As for myself, I feel the sentiment uttered by Burns:

> "If I'm design'd you lordling's slave—
> By Nature's law design'd,—
> Why was an independent wish
> Implanted in my mind?"

I take it that no absolute rule or set of rules can in the very nature of things be laid down to govern the body professional. If the Rev. Mr. Spurgeon, the greatest divine living, can "smoke a cigar to the glory of God," as he tersely put it some years ago, can not we smoke a cigar or pipe, not to the glory of any particular deity, but to comfort ourselves in trouble, and give a little rest to our fatigued brains? Of course, the negative answer in regard to saloons is proper, but I think a physician may in moderation attend political, lodge and Sunday-school conventions.

I have said more than I intended. I simply intended to sanction what Dr. Cobleigh said.

The next time I write I will take up Dr.

Rothrock's treatment of pneumonia. As we live in the same latitude it will likely be of interest to compare our treatment of this disease.

J. WEBB DOUGLAS, M. D.

PALESTINE, Texas.

A Perplexing Case.

Editor MEDICAL WORLD:

The case referred to in Dr. Smith's "Snags" in the November WORLD is in keeping with one I had to deal with last summer, except the deception that may have been practiced by his patient. And it further corroborates his state ment in regard to *never* passing a sound to verify a diagnosis.

The lady in question spent the winter in M. During the month of February she became convinced she was pregnant—IV. para. About the first of April she had a bad fall, bringing on flooding free and protracted; so much so, she never for a moment supposed aught remained of the fœtus. She got up comfortably from her supposed miscarriage, and a month later came on to Mardin, arriving here May 7th, after a comfortable journey of seven or eight days.

The night of her arrival she began to flow, but thought nothing of it, supposed it to be her regular menses. After a week's duration it stopped; but from this time on it would recur on the slightest provocation, and at times seemingly without any. I put her on the usual treatment, but without apparent benefit, until I finally ordered the recumbent position, which she kept for nearly a month.

Having treated her the year previous for retroflexion, and abrasions of the cervix uteri, I was anxious to know in what condition the uterus was at present. So a few days after cessation of one of the attacks of flowing, I made an examination. I found the uterus soft and spongy to the touch, but I attributed this to a relaxed condition which would be the result of so much flowing. To better ascertain the position of the fundus, I introduced the sound, and was surprised at the depth of the organ, yet never dreamed of anything being out of the way, further than sub-involution. I applied lunar caustic to the abrasions, and ordered astringent injections night and morning, to hasten involution, etc., and a tonic. A few days passed, and the flow came on again! Gave ergot and chlorate of potassa in pretty large doses, with seemingly good results; the flow ceased, the patient doing well, until one morning a few days later—20th of June—I was hastily summoned to her bed-side, to find her in regular labor pains. And as I remarked, "What is the trouble now?" (for I was becoming decidedly perplexed with the case) I passed my hand under the bed clothes to ascertain, if I could, the cause of the pains; imagine my surprise and mortification when my hand came in contact with the feet and legs of a good-sized fœtus! Could anything have been more vexing? Had reached the fifth month of pregnancy and neither she nor I saw or believed she was pregnant. All these weeks I had been employing every means in my power to put a stop to the ever-recurring flow, and as matters ended, I had only been adding fuel to the flames.

D. M. B. THOM, M. D.

MARDIN, Turkey-in-Asia, Dec. 10, '84.

[The following letter was written to Dr. Lewis in French. The doctor kindly translated it for these columns. He is also corresponding with a number of practitioners in various parts of South America in reference to information about other South American plants of medicinal value, for the columns of THE WORLD. The doctor being familiar with French and Spanish, can obtain this information in these languages and translate it into English for these columns.—ED.]

128 S. 15TH STREET, PHILADELPHIA, PA.
January 4, 1885.

LOUIS LEWIS, M. D.:

Dear Doctor.—In corroboration of our conversation yesterday, I will detail an experience of the medicinal effects of Boldo, gathered during my South American travels.

In a voyage of exploration for scientific purposes in Chili, in 1878, I found Boldo growing profusely all over the plateau comprised between Ovalle (of which the Port is Coquimbo) and Port de los Lobos, including Punitaqui, Combarbala, Illapel, etc., etc. This shrub, which is only found in the north of this country, is highly prized by the inhabitants, who look on it as a specific and almost infallible remedy for affections of the liver and the bladder. Certainly during a ten months' stay in that region, I have seen astonishing results from the usage of Boldo. This is how the natives prepare it: In a small cup of boiling water, which is usually flavored with a little burnt sugar, they immerse two fresh leaves of Boldo, which they allow to infuse for about ten minutes, and then drink it. The beverage has a pronounced taste and odor of peppermint, which pervades the palate. It is pleasant to take, and is ordered two or three times a day. Occasionally during this treatment it is found necessary to intermit the medicine for a while on account of its tendency to

heat the blood; but this is rare. The diuretic action of Boldo is very marked; and in cases of gravel it is most useful. I shall never forget one occasion. Business affairs had called me to Ovalle, the capital of the department. I arrived at the Hotel de l' Europe, kept by a Frenchman, Mons. Batifouly, and as soon as I dismounted, I inquired for the proprietor, whom I had known in my previons visits. I was told that he had been confined to his bed eight days and that he was in terrible distress and pain from retention of urine. He was a strong man of 50 years, and of sanguine temperament. He could only evacuate a few drops of urine at a time after great straining; his abdomen was very much swollen from distension of his bladder. Having already had some experience with Boldo in these matters, I despatched a servant to pluck some good fresh leaves, and administered them as described above. The first dose had not much effect; but on repeating it an hour later the effect was almost magical. He nearly filled a large ordinary chamber vessel with urine, at the bottom of which I found a great quantity of small concretions, varying in size, and which caused some pain in evacuating.

I have some communications to make to you if agreeable, respecting "*Curare*," but will reserve it until I see you on Saturday.

I had the pleasure of making the acquaintance of M. Juan de Jesus Salas, the discoverer of "Curare," at San José de Cucuta, Estado de Santander Colombia, last year; and he imparted information to me, which you may find serviceable. I can tell you of my own knowledge that, besides its efficacy in snake-bite, it is highly appreciated for its beneficial effects in paludal fevers, which are the bane of those regions. Yours truly,

HECTOR THOMAS,
Late Secretary to the Belgian
Charge d'Affaires at Chili.

NOTE.—*Boldus*, or *Boldea fragrans* has been much prescribed of late years, in the forms of fluid extract and tincture, in doses ranging from M. V to M. XL. It is recommended in diseases of the bladder, liver, and gall-bladder, in rheumatism, and as a digestive stimulant. The leaves and young twigs are used. They contain tannin, an alkaloid named Boldine, and a volatile oil. In Chili they have been used in domestic medicines from time immemorial. L. L.

Medicines That Produce Gall Stones.

Editor MEDICAL WORLD

Will you send me through the columns of your paper the opinions of the profession in regard to what medicines act to increase the formation of biliary calculi? I have a patient who is afflicted with them and is troubled about once in one or two weeks by bilious colic, and is also under treatment for a trouble requiring a continued alterative effect, and I fear that that remedy may aggravate the biliary trouble. At all events, I wish the opinion of the profession about the remedies which may be used in such cases, and what would better be dispensed with while the liver is affected in that way. PRACTITIONER.

EAGLE GROVE, Iowa.

[Doctor, what remedies are you using in the alterative treatment? Was the patient troubled with the calculi before the alterative treatment was begun? Did you ever try what effect suspending the alterative treatment would have on the biliary trouble? Have you found gall stones in the fœces?—ED.]

Adulteration.

Editor MEDICAL WORLD:

I promised that I would answer Dr. Putnam's 20 questions, but so many contributors have done so in the January number, covering all the points, that I think best not to occupy valuable space in cutting stubble over well-reaped ground. Therefore, will pen a few thoughts on another subject—adulteration. It is often said by old people that "times are not now as they used to be." Well, I am glad they are not in some respects, but in others we have fallen badly behind the generation of our fathers. The advance of science and knowledge has carried with it an advance in duplicity. Men are using brain instead of muscle to gain a subsistence. Competition is sharp. Many frauds are resorted to to outstrip others in the same line of business. In the woolen manufactory, much of the so-called wool is grown in the cotton field. The grocer avails himself of inert and cheap substances to increase weight. The dairy man, of water, chalk, and inferior animal fats; tea is often largely mixed with timothy, hay and other adulterants, dyed green to give it a rich appearance; ground coffee is often a mixture of oats or other grain. Such adulterations are deleterious to health, and totally unfit to use in the sick-room. Dealers in liquors have become so expert that it is almost impossible to get an article of brandy, wine or other spirits that is fit for medical use, being mostly a compound of slops and poisons. So universally is the fraud practiced that to say "an honest liquor dealer" would be almost a misnomer. Nor does it stop here. Druggists come in for their

share of censure. Medicines, of all things in use, ought to be pure and true to name that they might be administered with confidence in their therapeutic value to meet the indications present. But alas, how oft is the faithful and anxious physician foiled in consequence of adulterations! After repeated trials and gradual increase of dose, while much valuable time is lost to the injury of the patient, and reputation of the doctor and anxiety of friends, at last the proper dose is arrived at, being four times the quantity of an honest dose. The avaricious druggist having sold a 25 per cent. tincture for a saturate, with a lie on the label. Who, during the last decade, have been fortunate enough to get pulverized medicines and tinctures that can be depended upon? Veratrum viride pulv. rhii, etc., although warranted to be genuine—"none genuine but such as have my name on it," etc., nearly on par with "look out for pickpockets," "stop that thief." With provisions and medicines where health and life are at stake, our lawmakers should pass stringent enactments, and officers enforce them, to protect the innocent against such frauds. We ought to grow better as we grow greater, and do in many respects; but that great root of all evil, "the love of money," seems to be on the increase.

N. B. HALL, M. D.
FAIR MOUNT, Ga.

Can You Assist Me?

Editor MEDICAL WORLD:

I find a number of answers to Dr. Putnam's twenty questions in the January number of THE WORLD, all of which I in the main subscribe to. And Dr. Palmer, of Colorado, submits a question at the end of his answers, to which I answer most emphatically, Yes. All men, physicians included, should have decision of character, independence and candor enough to enable them to take a positive position on all questions involving the welfare of the community, morally, politically or religiously, always being careful not to be offensive, but courteous and respectful. Nothing in my opinion is more contemptible than to see a physician truckling to the opinions and views of others for the sake of popularity. But enough of moralizing.

I inquired through the November WORLD for a remedy for inflammation of the os and cervix uteri, which I have been treating for the last twelve months. Constant pain, worse at times, in the os and cervix, radiating to the body and fundus; no ulceration; surface smooth and color natural as seen through the speculum. Within the last few months it has enlarged to the size of a hulled walnut, considerably indurated and tender on pressure. Menstruation regular every 25 days and quite copious, lasting 4 or 5 days; obstinate constipation, urine very scanty, loaded and high colored, headache, the nervous system utterly prostrate, inability to stand or take a step; she sits in chair most of the day; appetite poor. I have had several eminent physicians in consultation, all of whom pronounce it *non*-malignant. I have applied directly to the os and cervix argent nit., sulph. cupri, zinc sulph., acetat, plumbi, pinus Canadensis, tinct. iodine, ext. quebasche bark, etc. She has taken a quantity of cod liver oil, viburnum compound, aletris cordial, etc. Dr. I. G. Barney, of Bisbee, Arizona, took quite an interest in my case (for which I hereby thank him kindly) and sent me a prescription composed principally of viburnum and aletris, from which as from all the other remedies she derived not the slightest benefit.

What say you, gentlemen contributors, to that most excellent medium of communication, THE MEDICAL WORLD? Can you assist me? or is it a hopeless case of carcinoma?

GEORGE W. BOWLEN, M. D.
BARNESVILLE, Md.

Indian and Mexican Remedies.

Herbs of New Mexico and their Medicinal Value.

BY DR. LOUIS EMMELHEINZ, LAS VEGAS, NEW MEXICO.

CANUTILLO (*Ephedra Anti-Syphilitica*). For Gonorrhœa and Leucorrhœa.

This perennial is an irregular shrub with many branches, from one to four feet high. It is a dicœcious plant, i. e. has the sexes growing on different plants. The branches are round, hollow, and of a greenish-yellow hue. They are composed of a number of joints from one to four inches long, and have on their junction very small, scale-like leaves, which only last from one to three weeks, when they dry up and fall off. On these junctions of the joints, and also on the summit of the branches, the flowers are found. They are yellowish-green and sit on short stems, sometimes alone and sometimes in opposite pairs. The flowers have the appearance of a pine cone, with the anthers on the male branches, coming out between the petals, while the female branches have only two pistils coming out on top.

There are a number of different species of Ephedra, among others one which the Mexicans call El Segado del Canutillo (the Ephedra

fodder), which grows in damp places near rivers and ditches, while the genuine plant grows only on rocky and sandy hills. It can be found scattered through southern New Mexico and Arizona, but not in Texas or California. I have seen a species in California that resembles the *Anti-Syphilitica* very much, but has not the same medicinal properties.

Ephedra Anti-Syphilitica is a specific for aborting Gonorrhœa and Leucorrhœa. The specific name *Anti-Syphilitica* is unfortunate, as it is of no value whatever in Syphilis and diseases of the blood. The Mexicans never consult a physician for Gonorrhœa, but go and get some branches of "Canutillo" and chew them, and if that does not cure, they get the root and make a tea of it, which they drink, and they never fail to get well in a few days. I have used the Canutillo in over 200 cases with the most happy results, and a number of professional friends who have tried it, speak of it in the highest terms. I use equal quantities of *Ephedra Anti-Syphilitica* (the whole herb, though the root is the strongest) and *Suelta Consuelta*, either the solid extract made into a pill, or the full strength fluid extract. Fifty to seventy-five four grain pills (two to three pills four times a day) generally cure a recent case, while old standing cases require about two to three times that amount. The fluid extract is taken in teaspoonful doses four times a day. It has a pleasant, but slightly astringent taste.

It contains in my opinion a terebinthinate, notwithstanding Professor Low's statement in the Wheeler reports, that such a body is not present. I found by experiments an oily substance in it, which resembles turpentine very much. Perhaps Professor Low analyzed a different species, which I am very much inclined to believe, as he gives it geographical range from Texas to California, and as far north as Utah and Nevada. The terebinthinate is probably one of its main curative constituents. Professor Low attributes its remedial properties to ephedrin, a red amorphous powder, which is eliminated from the tannin contained in the Ephedra. Let that be as it will, Canutillo is an abortive for Gonorrhœa and Leucorrhœa par excellence.

Treatment of Hemorrhoids.

Editor MEDICAL WORLD:

Already there have been many good and readable articles published on this subject. But, if I am able to throw one ray of light upon the pathology and treatment of this disease, I shall have accomplished my desire in full.

As to the causes of piles, they are many; but the principle one is constipation, and in our treatment we must not neglect to try at least to correct this condition.

A hemorrhoidal tumor being nourished by the hemorrhoidal veins, in order to cure them we must cut off the supply of blood to the part. This can best be done, as I have found by repeated trials, by the injection of medicine into the tumor. I have tried several formulas, but the one that I have found to excel all others is as follows:

℞ Carbolic acid..... oz 1
Creosote ..... drops 20
Olive oil.....
Glycerine, of each..... oz 1
M.—Unite by water-bath.

Inject from three to ten drops of this into the tumor. Pass needle as near base of tumor as possible without puncturing the gut, and pass the needle as near to opposite side of tumor as you can without passing through the tumor. Inject and withdraw the needle a little; then inject again, etc. In internal tumors always pass the needle horizontally with the gut. If hemorrhage occurs from puncturing tumor with needle, apply cold water with sponge and compress.

Always reduce external tumors as soon as possible after treatment. Treat one tumor a week until all are removed.

In fistulas, fill fistulous track with this medicine and plug opening. In fissures, saturate lint with compound and lay in crack.

In treating hemorrhoidal tumors, if undue pain should occur, use laudanum and sweet oil. If patient is of constipated habits, have him use injections of warm water half an hour before going to stool. If weakness of sphincter occurs, use weak solution of sulph. zinc.

This formula I have used for over six years, and upon at least forty different patients without a single failure. I know what it will do when judiciously used or I would not ask its publication.

In reckless hands it is capable of doing irreparable harm; and anyone not fully understanding the anatomy of the rectum, and the causation of hemorrhoids should avoid its use.

Its curative power is due to the coagulating of the blood supplying the tumor, and it atrophies instead of sloughing, as is the case with many of the popular remedies now used.

H. L. COKENOWER, M. D.

CLARINDA, Iowa.

Some Medical Fashions.

Editor MEDICAL WORLD:

It seems to be the fashion of late to have a case or two of ovarian or fallopian surgery. I

have been in the practice of medicine since 1852, and have seen not a few complex cases of gestation. Yet in all that time I have seen, but three cases of extra-uterine conception.

1st case. A colored woman, with contracted pelvis, and abnormally small, hard uterus. The child died of itself when probably in the sixth month. There is a hard tumor to the right of the uterus now, in a latent state, just where I discovered it in 1858. Second case was latent ten years. Four months from conception to death of fœtus. Operated on in a large city against my advice, as cancer of the left ovary; patient died. The other case ulcerated though vagina, and after a long peril recovered.

Yet if I were one of the great city doctors, or their country imitators, I would have to find every week or two a case of fallopian, or other extra uterine conception and operate or I would be out of the clique of the Extravaganza School of Midwifery Gorgeous! It is dreadful hard that I can't find such cases every few days, and operate, and read my papers on them in every city medical society. But being an honest man I can't quite do it. These cases read so nicely, and are so instructive and entertaining, and aid in the sale of the periodical and get new subscribers. "It is just splendid," as girls say, this kind of medical literature.

Again, you live Mr. Editor, on the sea shore. Do you appreciate the medical advantages of the seashore cities, of Philadelphia, New York and Baltimore? I do, if you do not; for I have attended parturient women in one of these cities. But again I have been exceedingly *unfashionable*. It is a great misfortune; but somehow, even in these cities, I never had a case of ruptured perinæum! It is exceedingly fashionable to have them in these cities, and the fees would be so convenient—fifty to five hundred dollars for a stitch at the lower edge of the vulva. I am fearful, that we in the country don't appreciate modern progress in medicine! I think we who have got on all our lives without a case of badly ruptured perinæum don't know anything of the great doctor's art, and are sadly difficient in our education, or practice, or else there has been for years past an epidemic of ruptured perinæums in the cities.

Just see how behind my own interests I have been, as well as my skill in the art of midwifery! I have never kept a record of my parturient patients, but they number over seven hundred, perhaps over one thousand,—not a large number for thirty-three years practice—yet I never had any just occasion to sew up a ruptured or lacerated perinæum. Had I only known how to do it, as you on the Atlantic coast do, I might have had forty or a hundred nice "antiseptic" operations, at ten to fifty dollars each. But I never learned how.

We had a medical society meeting a while ago, and in this miserable country bounty over nine thousand cases of obstetrics were summed up, by some sixteen practitioners, with less than twenty cases of perineal lacerations, and but one of a rupture into the rectum. It was a terrible record of our ignorance!! We in the dark ages of the country towns are such poor obstetrical attendants, that we have got on without any unnatural action of that spiteful part of the female system the pereneum. It is evident that the perineal bacillus has not been epidemic with us at any time,

I have been looking for months for an excuse for excision of the kidney. I know that nobody will think I an a man worth attention if I don't cut out a kidney. I have been marking my wife's back every night with ink for weeks and imagining how to cut the incision. I could and would operate if only one kidney would get out of order enough to justify the exploit, but you might as well hunt the desert of Sahara for fish streams and mill ponds as to try and find a kidney that is yelling out loud to be cut out. Yet the fashion is to cut kidneys out of somebody, and the man who has not done so is as bad as the surgeon who has not ripped up the belly of some woman. I cannot close without the most tearful lamentation over the unfortunates of the world. Jnst contemplate the sober fact that with all our boasted modern art under the flags of England and of America, the glorious old lion and the exalted eagle, there are on the globe benighted mothers of eight hundred millions of babes born without antiseptic precautions!!! And these eight hundred millions multiplied by thirty, every generation, make trillions of billions of millions, since earth began, without antiseptic workings, injections, etc. Such is the awful record of the past. Oh! the glories of the future! The "nigger doctor" of our town said, "it is wonderful how young uns were ever biggotted before antiskeptic partridituris was invented."

SAMUEL J. PARKER, M. D.

Itica, N. Y.

[Doctor, we congratulate you heartily upon your exceeding good fortune, and we beg you to rejoice rather than lament. There are many doctors who would like to have an experience like yours, but perineal lacerations will occur sometime, and septic conditions will occasionally follow parturition. Perhaps those having a less favorable experience than yours will reply to your article.—ED.]

Fracture of the Femur.

Editor MEDICAL WORLD :

My method of making counter-extension in case of fracture of the femur, is somewhat different to anything which I have seen in print. I make it by means of the sound limb. I put a long splint with a foot rest on sound limb. There is an extension of a foot or so beyond the foot rest, the end of which is placed against the foot of the bed-stead. Thus the sound limb presses up the pelvis and makes indirect counter-extension on the fractured limb. I also raise the foot of the bed-stead a few inches to lessen the work of the sound limb.

I do not like the perineal band for counter-extension, owing its pressure on the adductor muscles.

Perhaps you will agree with me that in an hour of need, one member should help another.

I would be glad if Dr. Carpender would kindly give minutely his method of giving vapor or hot air baths. I find difficulty in confining the flame.

Yours respectfully, Dr. C.
LUCAN, Ontario.

Rapid Formation and Expulsion of Gall Stones.

Editor MEDICAL WORLD :

Mrs. F. G., a lady of sedentary habits and addicted to the use of highly seasoned foods, was taken in August, 1883, with an excruciating pain extending from the right nipple to the umbilicus and vomiting. This continued at intervals for ten days, being relieved only by hypodermics of morphia and the hot bath. During this time the vomiting was excessive ; the fluid ejected consisted mainly of bile. On the tenth day she vomited seven concretions which were regarded by Dr. Geo. W. Davis, of Kansas City, and myself, as biliary calculi. In a few hours a large mass of feces was expelled in which there were great numbers of these concretions. These, and those vomited, varied in size from a pea to a walnut. The colic, nausea and vomiting persisted for five weeks, together with daily rectal evacuations of a large number of calculi—so many, that to count them was impossible. The pain gradually decreased, but the calculi made a regular weekly appearance. Again in April, 1884, she had a severe attack. Lighter attacks have occurred weekly ever since, plenty of the stones being expelled, but with scarcely any pains, owing, doubtless, to the dilatation of the duct.

On November 17, 1884, I was called in the evening and found her suffering from a slight attack. Before morning she vomited over a hundred (actual count). These were pearly white, differing from the previous ones which were yellow and brown. These varied in size from a split pea to a large walnut, exhibited facets, rectangular in shape, etc. Subsequently, as usual, innumerable quantities passed the bowels. December 19, 1884, a mild attack began at midnight. At 6 a. m., she vomited one hundred and fifty concretions, varying in color from a pure white to a dirty brown. Seventy-five of them are now in my possession. These weigh six drams.

There are some peculiarities in the case. Premonitary symptoms, such as headache, nausea, constipation, dyspnœa and palpitation occurred for two days previous to the attack. Another peculiarity is the excessive vomiting of about two hundred good-sized, well-formed stones. I can find but little mention of this in the literature, I have examined. Frerichs writes: "In *rare* cases, calculi passes from the duodenum up into the stomach and are vomited. The vomited matter contains single or occasionally several, even as many as twenty concretions. This vomiting was preceded by unusually severe colicky pains." In this case, the first ones vomited came up after a protracted period of retching. The second and third times they came up easily and promptly after the beginning of mild attacks. Recovery always followed in an hour to two. Morgagui, Fr. Hoffman and Portal have reported cases of this kind.

Another peculiarity is the rapidity of their formation. The vomited matters always contained a thick, tenacious, slimy mucous. As to treatment, she has had no prophylactic until within a month. One is at a loss to know what to use, so contradictory are the authorities, and so prolific the number of remedies recommended. Between Durande with his turpentine and ether; Buckler with his hydrated succinate of perchloride of iron ; Frerichs and other German writers with their carlsbad waters ; the French with their vichy; Bartholow with the phosphate of soda, others with the artificial carlsbad salt, etc., it is a blind choice for the inexperienced. She is now taking three drachms a day of the soda phosphate. The value of the mineral waters seems to depend upon this alkaline—sulphur properties. This lady has drank for a number of years of the Alburgh "A" Spring, which has a not inconsiderable reputation for these properties, but it seems to be of no value in this trouble.

FRED. L. LADUE, M. D.
ALBURGH SPRINGS, Vt.

Help Wanted.

Editor MEDICAL WORLD:

I would like to hear from some of the many readers of THE WORLD, upon the following case: K. M., a young medical student, considering himself insusceptible to the effects of cannabis indica, on the evening of May 17, 1882, swallowed a large draught of the fld. ext. of the drug. About two hours afterward he felt, to use his own words, as if "something had slipped loose in his head." He became very restless and acted much like a person intoxicated. From this state he went into one of great mental excitement, which terminated in dreadful convulsions.

After the convultions he passed into a quiet slumber, which lasted through the entire night, broken only by frequent calls to urinate.

When he awoke the next morning it seemed difficult for him to realize his existence. This condition continued for two days, but gradually passed off, and at the end of a week he appeared as well as ever, and continued so for six weeks. From this time he has had great mental depression, much restlessness and excitement, emotional impressibility, often bursting into tears when spoken to, and fear of impending death.

There is much insomnia, and what sleep he obtains is broken by horrible dreams. At times he appears to be, and declares he is, in the same condition he was the morning after taking the cannabis indica.

Physical condition. Heart and lungs sounds normal; liver considerably enlarged; kidneys act well—no sugar or Albumen in urine; pulse regular and 60 per minute; appetite good; digestion moderately good, and bowels very regular. There is a distinct pulsation in the the epigastrium unaccompanied by any bruit. No remedy seems to have availed much except the bromide of sodium. He has taken half a drachm of sodium nightly for upwards of two years. It seems to have a decided tonic effect, while it controls many of the nervous troubles. By its use he obtains refreshing sleep, devoid of frightful dreams. A short discontinuance of its use is followed by all his old troubles. Now gentlemen, what is the cause of all his troubles? Is it possible that he has not recovered from the effects of the cannabis indica? Or is it neurasthenia, brought on by study before his nervous system had entirely recovered from the shock of the poison? What shall I do for him? Various treatments have been tried by myself and other physicians. Do you think the continued use of bromide of sodium detrimental to health?

Clinton, Tenn. R. K. MEDARIS, M. D.

Greatly Distended Bladder.

Editor MEDICAL WORLD:

I attended Mrs. N. in her first confinement, on the 26th of last November. The labor was comparatively easy and of only four hours duration.

Visited her again on the morning of 27th; found her free from pain, cheerful and, apparently, doing so well that I neglected to ask her the usual questions about the condition of bowels and bladder. I prescribed a laxative without asking any questions. Was recalled to see her on the night of the 29th; found her restless, and in great pain. She was rolling from one side of the bed to the other and crying. On inquiring as to how she felt, she said, she believed she wanted to make water. I placed my hand upon her abdomen and felt a large, fluctuating tumor, as large as a uterus six months pregnant. As she had not urinated for three and a half days I thought she certainly must want to "make water." I introduced the catheter and drew off a large chamberful; then waited till evening and drew off another chamberful. I continued to draw the urine twice per day for a few days, until she could pass it at will. There was some irritability of the bladder for a week or more, which yielded to:

℞	Fl. ex. digitalis.....	gtt. ij
	Fl. ex. buchu.....	gtt. xxx
	Potass. citrat.....	grs. ij
	Aquæ .....ad...	℥ ss

M.—Sig. To be taken every two hours.

The object in reporting this case is merely to show to what an enormous size the bladder can sometimes be distended, without much injury, and to show how necessary it is to inquire particularly, in every case, about the condition of bowels and bladder. This patient was an intelligent young woman, but too modest to make her trouble known until her agony became unbearable.

Moral:—Let trouble be known sooner next time.

J. W. MURFIN, M.D.

VERNON, Ill.

Those Questions.

Editor MEDICAL WORLD:

I see in the January number of THE WORLD answers to Dr. Putnam's questions, given by two or three correspondents. In the main I agree with their answers. But I believe the same answers to some of the questions will not do for all men and in all places. The Doctor proposed these questions purely from a business standpoint, as I understand. Looking alone at

the amount of money in the profession I suppose one might say "No" to all his questions, and stick alone to professional business, and work day and night to the exclusion of everything else, whether pertaining to religion, science or general intelligence. But I do not believe we are under obligations to our people or to the profession to make such slaves of ourselves. Neither do I believe we should be so craving after "filthy lucre."

I believe the physician has a right to claim some time for religious duties and innocent amusement. I think he should attend church somewhere each Sunday, and Sunday-school too, if he desires, when not actually pressed by the wants of his patients. To be-sure, our patients claim our first care. We are a generous and noble profession, and if in a small town—or large one either, for that matter—the people say any certain physician is the desirable man to successfully superintend a Sunday-school, I believe he should do so. I have known two or three very successful physicians who were superintendents of Sunday-schools; when they could not attend, their assistants took their place. I have known quite a number of eminent physicians who were teachers in Sunday-schools; this may be news to Dr. Palmer, but is surely the truth.

As to questions 1, 2, 3, 4, 8 and 15 we would say no. As to all the others I think circumstances, conditions and localities should govern, in a measure, the answer. As to Dr. Palmer's additional question and its bearing on the physician's financial success, I think the class of people among whom we practice will, to some extent, shape the answer. But as a general proposition, having general application, I would answer the question in the affirmative.

J. N. PARR, M.D.

JOLIETTVILLE, Ind.

Case of Puerperal Convulsions.

Editor MEDICAL WORLD:

Allow me space in THE WORLD to record the following case:—

About 4 A. M., on June 18th, 1884, I was called to attend Mrs. F., a blonde, of medium stature, in her second labor. The presentation was right occipito-posterior; the os was moderately dilated, and the pains fairly strong. She told me that she had no trouble in her first labor. By 8 A. M. the os was fully dilated, the pains were strong and regular, but the head made no progress after engaging in the inferior strait. I then applied the forceps and delivered her of a healthy female child, without any trouble. I did not use an anæsthetic. The placenta was delivered shortly after. When leaving her at 9 A. M. she was comfortable, pulse 72, and everything apparently all right. About 10.30 A. M. I was hastily summoned; the messenger said that Mrs. F. was dying. On my arrival I found the patient in violent convulsions; was told she had been in that condition about twenty minutes, Pulse was very small and rapid—140 per minute. I opened a vein in each arm; the blood was as black as ink, and so thick that it would not flow. I then gave a hypodermic injection of morphia sulph. —one-third of a grain—and atropia sulph.—one-tenth—and used chloroform. The convulsions grew less violent and in about twenty minutes my patient was sleeping quietly. I then ordered tincture of aconite and bromides in fair doses, to be repeated every one or two hours as needed. I visited her again in the evening. She had rested quietly all day; pulse 104, temperature 99 3-5°. I drew off her urine and found it small in quantity, of a very dark color, and loaded with albumen. June 19th—Patient rested well during the night; pulse 96, temperature normal. Continued aconite and bromides, and ordered pulv. jalap comp. That evening pulse was 116, temperature 98°. June 20, A. M.—Pulse 100, temperature 97°. I now ordered Basham's mixture, and quinia sulph.—1 grain—with pulv. digitalis—½ grain—in capsules. On the evening of June 21st, pulse was 120, temperature 101 2-5°. From that time on she did well. The albumen gradually disappeared and by July 6th Mrs. F. was able to be down stairs, and since then has had no further trouble.

D. J. LANGTON, M.D.

SHENANDOAH, Pa.

Therapeutic Hints and Approved Formulæ.—(Continued.)

BY SAMUEL S. WALLIAN, M. D., BLOOMINGDALE, N. Y.

Dysentery.—Full hot bath, followed by thorough and continuous fomentations over the whole abdomen, and free enemata of as hot water as can be borne. Instead of clear water, milk and water may be used, or a weak solution of chlorate of potassium.

Strict abstinence from solid food must be enjoined, milk or Mellin's food forming the best diet. Sub-carbonate of bismuth, or benzoate of soda in 10 grain doses, each dose to be followed by half a pint of hot flaxseed tea, hot milk and water or simply *very hot* water, is an excellent treatment.

Dysmenorrhœa—Apiol, monobromated camphor, permanganate of potassium, hop hit and sitz baths, massage, electricity, either galvanic,

faradic, or both alternately; cemicifuga, viburnum opulus, oxygen and nitrogen monoxide combined.

Dyspepsia.— Hydra-headed and many-featured dyspepsia:—

First wash out the stomach. How shall this be done?

Use a stomach tube of softest rubber, with or without pumped attached, or if squeamishness on the part of either patient or *practitioner* makes this infeasible, establish a thorough system of *hot water drinking*. Let there be imbibed (sipped slowly) twelve to sixteen ounces of very hot water (simple water is not flat when decidedly *hot*), or hot, weak lemonade or tamarind water, *an hour or more* before each meal and at bed time.

This should be punctually and persistently followed for from two to six months.

The diet may be varied, and should be nutritious and as liberal in quantity as can be well managed by the system. Starvation is bad treatment; overfeeding is also bad. Massage, the current, open-air life, oxygen modified. Drugs are for the most part delusive paliators. Some bitter tonics, as hydrastis, alumin, nux vomica, prunes Virginiana, etc., may be used as adjuncts, and sub-carb. bismuth, hydrocyanic acid diluted, deoscorein, etc., for painful manifestations. Cascara sagrada is the best laxative, Pepsin may be used temporarily and as a paliative.

Intestinal indigestion may require pancreatine or peptonized foods.

Dysuria.—Hot bath, hot fomentations over the bladder, fl. ext. urtica dioica, corn silk, cantharides (in homœpathic doses).

Eczema. — Constitutionally, the oxygen treatment persistently carried out relieves a majority of inveterate cases. Locally, alkaline washes, tar and zinc ointment, *hot* local bathing (very hot), Turkish and Russian baths, tar ointment with ʒss pulvis ararobæ to each ʒj. Try also oil of cade, green soap, glpcerite of tar (for itching) borax benzoin.

Empnysema—The oxygen treatment relieves more effectually than any other. Jaborandi, lobelia, ether, quinia, camphor, iodide of potassium may be of service in appropriate cases.

Empyemia.—Oxygen treatment *very freely exhibited*, quinia, solutions of chlorine.

Epilepsy. — Constitutionally, the oxygen treatment has succeeded wonderfully with younger subjects, say under 18. Bromides of ammonium, sodium, and lithium, electricity (constant current) ether, amyl nitrite, open air life, nourishing diet, massage.

Epistaxis.—Hot water (douche), spinal hot water bag; elevate the arm on the affected side; very hot applications to the forehead, compression, post-nasal plugging, styptics, (powdereda lmim acts well.)

Erysipelas.—Internally, tincture of iron and quinia (traditional repute); locally, a strong solution of *sulphite of sodium* on saturated cloths covered with oiled silk, proves an efficient germicide (?). Tincture of iodine with glycerine and carbolic acid also acts well. Nourishing diet, mild cathartics.

"Bangor's" Treatment of Typhoid Fever.

Editor MEDICAL WORLD:

The following is my treatment for typhoid fever. Please criticise as much as you please.

First stage:—

℞ Fl. ext. jaborandi..... ʒ j
Aquæ..... ʒ iv

M.—Sig. One teaspoonful every five to ten minutes, until a free perspiration takes place.

Also:—

℞ Zinci aconiti rad..... ♏ x
Fl. ext. gelsemium..... ʒ j
Aquæ..... ʒ iv

M.—Sig. One teaspoonful every hour.

After patient gets to sweating copiously I drop the jaborandi and continue latter until patient is asleep, after which I have him bathed with soda water, and continue medicine every two hours until I see him. If I find fever still raging I put him on apple-cider, with the fever drops. I want good, old apple-cider, all he will drink of his own accord. I hardly ever have a fever last over fourteen days, but keep up soda bath daily.

BANGOR.

Maine.

Bronchocele. — Otorrhœa.— Stimulants.— Erysipelas.

DR. J. C. BURLINGTON.

Editor MEDICAL WORLD:

BRONCHOCELE.—I have successfully treated eight cases of bronchocele by passing the faradic current through the hypertrophied parts. I have the patient sit every day, and for fifteen minutes at each sitting. I occassionally pass the electrodes downward over the pneumogastrics.

OTORRHŒA—I have been very successful in treating this disease by washing out the ear, first with hot water, in which has been dissolved a small quantity of pure carbonate of potassium, and thoroughly drying with absorbent cotton;

after which, with an insufflator, I dust the parts with about ten or twelve grains of the following:

℞ Bismuth sub-nit.....	℥	j
Acidi salicylici.....	grs.	xlv
Acidi boracici pulv.....	grs.	x

Triturate thoroughly.

The above plan of treatment will, I am sure, cure every case within ten to fifteen days.

STIMULANTS.—In the Wabash country alcohol is not regarded as a stimulant unless used in small and frequently repeated doses; otherwise it has a dual action:—its first, that of a stimulant, and its second, a sedative, causing prostration of the vital functions.

Our best stimulants are amyl nitrate, caffeine, and Hun's drops, which are made as follows:

℞ Olei cajuputi.....		
Olei caryophylli.....		
Olei menth. piper.....		
Olei anisi.....ää...	℥	j
Alcoholis.....	℥	iv

M.—Sig. Ten drops every twenty to thirty minutes, to be given on a lump of sugar, or in a little dilute whisky.

ERYSIPELAS.—Give ten to fifteen drops tincture muriate of iron every two or three hours, and paint the parts as often with the following:

℞ Acidi carbolici.....	℥	j
Olei origani.....	℥	iv
Olei terebinthinæ.....	℥	ij
Olei olivæ.....ad...	℥	iv

M.

ATTICA, Ind, January 23, 1885.

Therapeutic Value of Colorado's Climate.

(CONTINUED.)

Editor MEDICAL WORLD:

In continuation of my article in the January number on the above subject, I will further add. First in regard to *Emphysema*. Very few if any uncomplicated cases of this condition come to, or are found in Colorado. I have seen many emphysematous patients here, but complications of some kind existed in nearly or quite all; the most frequent being a latent form of chronic bronchial pneumonia. These cases are very often materially benefitted, but as a rule at an altitude *not* to exceed 6000 feet.

And now we come to speak of the "great destroyer," Consumption. Space in these columns is limited; hence I shall give only some of the most clearly established conclusions and facts based upon four years observation and practice in Colorado; and as prefatory it must be stated, that many, *very* many of the consumptives that come to Colorado for their health, come *too late* to secure the *full* and *permanent* benefit that is almost invariably secured by those who come earlier in the history of their disease. Yet there is no stage of consumption, unless it be the very last few months before the final dissolution, that the patient will not be materially benefitted and life indefinitely prolonged by coming to the Eastern slope of the Rockies.

It is an acknowledged fact that *cool* and *dry* climates are much more favorable in the treatment of consumptives, that is, give better *general* results, than *moist* and *warm;* the higher above sea level we go the *dryer* and *cooler* is the air and the less is the pressure; and in such places we find more sunshine and more atmospheric electricity. These facts should be considered in determining the climate to which a consumptive may go. Atmospheric pressure here in Colorado is one sixth to one fourth less than at the sea level. Exposure to the sun's rays and the altitude must decide the question of locality for consumptives, rather than the imaginary degrees of latitude. With the thermometer at 110° in the shade, one does not feel that depression and exhaustion here that is felt back "in the States," with the thermometer between 80 and 90°; conversely, no such suffering or danger is experienced here with the thermometer at 30 to 35° below zero as "in the States" with it 5 or 10° below.

Now as to the *modus operandi* of the curative effects of lessened atmospheric pressure in this altitude; we think it can be satisfactorily explained, by the fact that the number of respirations and muscular action of the heart is materially increased, thus promoting a more rapid and freer flow of blood not only throughout the whole organism, but more particularly through the lungs, thus approximating a healthy condition and overcoming the tendency to that stasis of blood which very generally, if not always, accompanies or causes the actual diseased condition.

As a very general rule tissue change should be favored if not hastened in consumptives, and as high altitudes are stimulating and favorable to such tissue change, that elevation should be sought which is most compatible; that is, the greater the resistance of the system to this change the higher the altitude required. It very often occurs that patients coming to Denver find little or no relief, when by going 1500 to 2000 feet higher they rapidly improve; and again it perhaps occurs just as often that a patient coming to the altitude of 7000 or 8000 feet, must go lower to find the relief sought. Most patients find, by their own intuition, the

elevation best adapted to their own particular condition.

The cases most amenable to this "light air treatment," are those of a chronic inflammatory nature, with hæmorrhagic tendency; also the middle aged and young subjects, with the fibrous variety of phthisis; and in all cases the less the constitutional disturbance the more favorable and positive the cure.

Where there is an intensified and irritable condition of the nerve centres; or where any organic heart trouble exists; or in those patients who are easily discouraged and are gloomy and morose and lack will-power; or in those third-stage cases, where ofttimes the greater part of the lung tissue is already involved and cavities exist and more particularly if quite advanced in age, all these conditions are unfavorable to an ultimate cure. These facts indicate the necessity of an *early* removal of all those who are consumptively inclined, either hereditary or otherwise, to the inland regions and higher altitudes of the Rocky Mountains.

Again, it not unfrequently happens with many consumptives, that their approach to these high altitudes must be gradual; that is, they cannot come from the altitude of a few hundred feet even to Denver, whose altitude is a little over 5000, without stopping on the way, for a few days or weeks and becoming, as it were, acclimated. They must take the "light air cure" the same as many other remedies, in gradually increasing doses. In the majority of cases, however, nothing of this kind is necessary; they can stand the large doses from the beginning. It is only in those advanced cases with a special tendency to *hæmorrhage* that any precautions are necessary.

Much, often all, depends on the mode of life adopted by the patient after arriving here. Out door life, or camping out, is much the better and ofttimes the only sure method to adopt, to secure the best, the quickest and most permanent good. This can be and is done every year by hundreds of consumptives in Colorado, for six or eight months out of the twelve. The more the invalid remains in doors, the slower is the cure if at all. In nearly or quite all cases a *prolonged*, if not life long residence here is necessary to prevent a return of the disease. I know plenty of persons who came here only a few a few years ago almost helpless invalids, with tubercular deposits and having had repeated hemorrhages, who to-day are perfect pictures of robust health. No one to see them now would ever dream that they ever had a sick day in their life. In the vast majority of these cases it has been repeatedly demonstrated that should they return from whence they came they would be reinvested with what they had been divested of by the sunshine and light air of the plains, foot-hills and mountains of Colorado.

More anon,

ELMORE PALMER, M. D.

BOULDER, Colo., Jan. 10th, 1885.

Medical Education.

J. A. DE ARMOND, M. D.

Editor MEDICAL WORLD:

The subject of medical education naturally comes up as a co-factor in the agitation of the question, of legal enactments regulating the practice of medicine. Those who are opposed to legal restraint by the State argue that many of those who are the possessors of diplomas are illy fitted to heal the sick because of lack of education prior to the date of their medical schooling, or because of the brevity and incompleteness of the latter.

Medical schools have also taken a hand in regulating or aiding in regulating these matters. Some of the most wealthy schools have inaugurated the three term plan, thereby lengthening the time for study, and at the same time dividing up the studies so as to systematize the work. This plan has in some cases proved satisfactory apparently, since there has been no return to the old plan, while in other cases a short season of the change satisfied those directly and financially interested that a return to the two year plan was advisable. There is and always will be one strong objection to the long term plan. Only the sons of rich men can afford the outlay necessary to attend three or more courses of lecturers and pay for the incidental private courses whereby a few specialists eke out a precarious living. There is no doubt but that in two short terms only a small amount, comparatively, of the knowledge which a physician should have is secured. Many a two termer marches out to cope with disease who never has seen a bad case of scarlet fever, small pox, or typhoid fever. It isn't any wonder that he makes mistakes in diagnosis. The fact is that in spite of all the loud claims made by each particular school, the clinical instruction received by the average medical student who does not contribute the called for $16 or $20 for some impecunious assistant's services is decidedly slim. Besides the time for reading in order to make the didactic lectures of most value so occupies a student's time that he cannot make the clinical observations needed to properly qualify him to graduate. But there is another matter which is so generally spoken of

in the announcements that but for close observation the true import would be lost. Did it ever occur to the reader that all colleges require an applicant to have a good education, and to be able to write a thesis before graduation? How many of them see to the carrying out of these requirements? There is not to-day a college in your city that will not graduate dozens of young and old men too, who cannot spell, and who cannot write a dozen connected sentences correctly on any subject. This is not a fanciful picture. It is the truth.

Until medical schools are able to refuse the cash of the countless ignoramuses, who secure a diploma by the payment of a good sum, and the occasional attendance upon two courses of lectures, and not until then, will the standard of medical education be raised. This means that the professors must get their fees from some other source than the students. That is, the fees must not be contingent upon the admission of everyone who can bring cash with him.

State Legislation is not easily made; because if the law bears down too heavily upon the "old residenters" there will be great opposition to the law; and if it exempts some of the quacks, and offers as an apology for so doing that it will not do so after this, then there is unjust discrimination and that is wrong.

So while the desire to raise the standard of medical education is praiseworthy, and has for its object the elevation of the profession, it cannot be successfully done while at the same time it does not strike at the root, and exclude from the schools men whose preliminary education is too meagre for the needs of the calling. Neither can it be done by making long expensive courses which must of necessity be monopolized by the opulent dudes whose money alone takes them where brains should be the passport.

LE CLAIRE, Iowa.

Explanation Wanted.

Editor MEDICAL WORLD:

Seeing an article in December WORLD, page 232, on dysentery, I would respectfully ask permission to interrogate the author on a few points. I would be pleased if the author would explain the modus operandi of the tinct. aloes in ¼ to ½ drop doses. It certainly must act as a stimulant or irritant, if it acts at all in that size dose. I would ask if it is good practice to stimulate in inflammation? What action does the "mercurius corros. of X_6 homæopathic trituration have on the disease? I would also ask if castor oil and tinct. opium would not have a better effect administered internally? Do not our best authors teach us that acute mucous enteritis or Dysentery sometimes effects the whole intestinal canal? And if such is the case will injections reach the disease? Is not the use of the syringe detrimental in dysentery on account of local irritation produced by introduction? By answering the above questions the author of the article, in question, will doubtless confer a favor on many medical brethren and especially on yuur humble servant. QUID NUNC.

MISSOURI.

Some Suggestions on Diseases of the Eye, Ear and Throat.

M. M. BROWN, M. D., ITHICA, N. Y.

Editor MEDICAL WORLD:

It appears to me very important that the general practitioner should be thoroughly qualified to treat local emergent cases, at least, of the eye, ear and throat diseases.

Often times the country physician meets with ophthalmic, aural, fauceal, laryngeal, and nasal pathological conditions, that he is at a loss to know how to combat, or correct, for the only reason that he has not thought it within his sphere to have prepared himself to give such cases surgical or such other treatment as might be demanded. To get a knowledge of the structure of the eye is not so great a task. The tunics, or coats of the eye-ball are easily understood, and each kind of inflammatory condition of the eye readily detected when sufficient care is taken to ascertain in detail the different phases of conjunctivitis, schlerotitis, choroiditis, retinitis, iritis, keratitis (corneitis), etc., etc.

If the normal conditions are first thoroughly fixed in the mind, then abnormal phenomena will be detected readily.

Hyperemia of the conjunctival covering of the lids is one of the most common forms of inflammation of the eye met with in the summer season, and in dusty weather of any season of the year. The lids feel dry, with a smarting pain as if sand was in them, and often glue together during the night, requiring an effort to open them in the morning. The conjunctiva covering the eye-ball may or may not sympathise with this mildest form of conjunctivitis.

It is quickly cured with a collyrium of boracic acid, 10 grs. to the oz. of distilled water, or pure rain water. The eyes should be freely bathed with this eye water four times a day.

At bed time the following ointment must be applied freely to the margins of the lids:

℞ Hydrarg. oxidi rub..... gr. viij
Carbolized vaseline..... ʒ j
Vaseline ..... ʒ vij
M. et fiat unguentum.

This is the best eye salve I have ever used for any inflammation of the glands of the lids. In mild forms of scrofulous infiltration, inclination to inversion, or eversion of the lids, also corneal ulceration, I rely upon it for application. When the lids are thickened, and the "winkers" are falling out or growing crooked, the lids red and feverish, the boracic acid collysium should be used through the day and the eye salve at night; any loose hairs turned in upon the eye-ball or conjunctiva should be carefully removed.

℞ Potass. iodidi..... ʒ iij
Comp. fl. ext. stillingiæ..... ʒ ij
Syr. sarsap. comp..... ʒ vj
Ess. gaultheriæ, to flavor.....q. s....
M.—Sig. Teaspoonful three times a day, in a little water, one hour after meals.

I give cod liver oil and elixir iodo to scrofulous patients, and apply the mercurial ointment, with the happiest results.

Eczematous conditious of the external ear in scrofulous children or adults yields to the ointment, and boracic acid applied in the impalpable powder form, nightly, either with insufflator or camel's hair brush. The ear should be thoroughly cleansed with warm boracic acid water prior to application of the ointment or powder. Wipe the auditory canal with a little absorbent cotton after each washing, and then apply a little salve to absorbent cotton and gently push it into the ear each morning. At night cleanse well and pack the canal full of the boric acid powder, using great caution not to press upon the tympanic membrane.

This treatment is just as effectual in catarrhal discharges from the middle ear. Use the insufflator, to blow the powder through the aperture in the membrane tympana, nightly, after washing and drying, and through the day anoint with the above eye salve. Constitutional treatment as above described.

Of course there are complications to be met, in nearly every bad case, which I can not speak of in this paper. Schlerotitis is marked by a pink zone shading off from the edge of the cornea, with pain of a dull character, differing from that in conjunctivitis. There is no material change in the conjunctiva, though there are many red capillaries visible which might mislead one who had not given the subject special attention. Choroiditis is usually a complication, and the schlorotic is usually affected with choroidal inflammation. There is always dimness of vision growing worse as the disease advances.

Constitutional treatment is always of most importance. Atropia sulphas, esekine and, mercurial inunction may be called for. These are grave cases and should be carefully studied. Retinitis must be thoroughly understood and requires skill with the ophthalmoscope, in anticipation of its successful treatment. Blindness from infiltration, or separation of the retina by effusion behind it may follow. The choroid may become affected, and pigmentory changes take place, causing diminution of the field of vision.

Inflammation of the iris is grave if neglected, especially syphilitic, which may be accompanied with corneitis. Atropia sulph., four grains to the ounce of pure water, should be dropped into the eye three times a day to prevent adhesions of the iris to the anterior surface of the capsule of the lense, or occlusion of the pupil by fibrinous deposits, or adhesion to the cornea, which is more rare.

Cloudiness of the vitreous body is likely to follow posterior internal opthalmia, while the same condition of the aqueous humor may follow or become a sequence of anterior internal ophthalmia, the product of inflammatory processes.

For corneal ulceration, use eserine; also for intra ocular pressure from any cause. Smoking and the use of alcohol as a beverage often produces weak sight, or ambliopia. The remedy is nitrate of strychnia, together with reform.

Sometimes we may blunder in the treatment of an eye that has been injured by lime, ashes, or acids. Authors tell us to use a solution of soda for burns by nitric acid; acetic acid or vinegar water for lime; and oil for potash burns, etc.

My plan has been, and results have been uniformly good, to apply vaseline or sweet oil in every case freely, after removing the offending matter as quickly as possible. Water to wash out nitric acid will do much good as a diluter, then apply the oil or vaseline.

I keep the eye thoroughly greased for days, or, until a cure is effected, watching that no adhesions take place, if possible to prevent by placing absorbent cotton in small plegets covered with vaseline slightly carbonized, between the suppurating surfaces.

Boracic acid water, five grains to the ounce, is the most cooling and soothing collyrium. Wet cotton with this and lay it upon the injured eye frequently during the treatment.

In searching for cinders or specks of any kind in the eye, be careful to find them. It is not good practice to hurry in the search.

Turn up the upper lid with your fingers. Use no pencil if you can avoid it. Pull down the lid with thumb and finger of right hand and when it is fully stretched, place the tip of the index finger of left hand close under the eye brow and then quickly carry the right thumb and finger upward and outward with a sudden effort and the work is done neatly, and more satisfactory than with a pencil. Now search every part with the naked eye and then with a magnifying glass. When done, grease the lid with a little vaseline, and if much irritation exists give a mild collysium to be applied for a day or two.

Wild hairs often give a deal of trouble. Purchase an epilatos and you can save the patient great suffering by removing the winkers as often as they go astray, or, till such time as you can remove the cause by proper treatment.

Ptosis is easily remedied cutting out an eliptical piece of the lid and stitching up the wound with horse hair. If this does not quite cease the defect, it will so improve the looks that further surgical interference will not be demanded. Any surgeon can do this well. Ectropian and entropian can also be cured by any surgeon with good judgment and a steady hand.

Pterygium can be removed in a moment and cured by any physician, if he only makes up his mind he can do it.

Crooked eyes can be straightened too, quickly and well.

The muriate of cocaine is a good thing for nervous surgeons, as well as for nervous patients. He can cut and sew now, and carry a steady hand.

I have operated for many patients for cataract, and the removal of pterygium, tumors of the lid, &c., &c., without an anæsthetic.

I am now, glad, however, that we can overcome sensibility and retain the consciousness and the will of the patient.

I have found the treatment of the throat to be unsatisfactory till of late, that is, where follicular disease existed which had become chronic, with abrosions of the of the mucous membrane, causing bloody matter to accumulate from time to time, creating great anxiety on the part of the patient and friends. They tell us our knowledge comes through empyricism, in part at least, which no doubt is true.

I wished on one occasion to apply some nitrate of silver to a diseased fauces, and instead, dipped my swab into a solution corrosive sublimate! I had made the solution ten grains to the ounce for application to chancroids and syphilitic ulcers. I was surprised at the rapid change of the mucous surface and saw my mistake at once and made an application of glycerine as soon as possible. I found three days afterwards that the spongy condition of the mucous surface had changed to a more healthy appearance, and there was less secretion of nasty stringy mucus, and the follicles were less prominent and better looking. Three more applications of a 5 gr. solution, three days apart, cured the patient. She told me she had given up in despair before calling upon me. Several years have elapsed since that accident and I have never failed to cure in this way, this troublesome condition of the fauces and posterior nares.

Immediately after the solution is applied, I have vaseline or glycerine ready at hand and go over the cauterized surface. To reach the parts back of the velum palati high up, I use a powder of the second decimal homeopathic trituration, blown in with an insufflator. If too much smarting is caused, I apply glycerine in a few moments with a probang. After three or four applications have been made, three or four days apart, apply carbolized vaseline, or sub nitrate of bismuth and iodoform, equal parts to 8 parts of talc, with a brush or insufflator, till all unhealthy appearances disappear, which in my hands has not been to exceed six weeks at the farthest.

Give internally, elixir iodo or McDade's alterant.

For catarrhal affections, use carbolized glycerine; apply with camels hair brush three times a day.

Cystic tumors are common to the eyelids and are removed by me in the following manner:

Turn out the lid and expose the location of the cyst, which is easily detected by a red or injected spot directly over it. Make a straight cut in a line with the margin of the lid through the mucous membrane into the sock. Remove its contents by pressure and then scrape the cyst wall with a blunt hook. (I use a strabismus hook). Now syringe the wound with a little warm water, till bleeding ceases; then wind a little absorbent cotton around a small silver probe, dip it in tincture of iodine, and wipe the cavity with it. Three days thereafter, explore the socket with the hook and remove any accumulation. Repeat this three days later and you will have made a successful operation. Use muriate of cocaine, as the operation is quite painful. Fibrous tumors of the lids are better removed by an incision through the integrement of the lid. Carefully dissect them out, and close the cut with a carbolized horse hair suture. Remember that horse hair soaked in a 20 per cent. solution of carbolic acid for twelve hours, then stretched and dried, make the best sutures for wounds

of the face, scalp, or any part of the body where stronger ligatures are not required.

Much of this contribution may already be familiar to the readers of the WORLD, but I am sure much good will come of refreshing our memories upon so important subjects as herein discussed. I have mixed the subjects somewhat, having jotted the ideas down as they occurred to my mind.

26 EAST SENECA STREET.

Bastard Fever, and Some Other Things.

Editor MEDICAL WORLD:

Drs. Rozzell's and Rothrock's articles in January number were closely scann'd. Dr. Rothrock's ideas of treatment are, I think, correct. This is typho-malarial fever: Bill Jones absorbs malarial bugs; the result is malarial (common continued or remittent) fever. Dr. Glory thinks the bugs are infesting the bowels principally, so he sends calomel in to run them out. It doesn't work, of course. Then he tries immense doses of quinine, and bad matters get worse. About the second week, along come some typhoid bugs and have illicit intercourse with the malarial bugs, the result being typho-malarial fever (confidentially, badly treated remittent fever, generally). If Dr. Rozzell will give three grains of quinine every two hours he will not produce that dreadful cinchonism—a disease worse than his typho-malarial fever. If it dries the tongue, stop it. Here acetate of potass. and sandwiched with ⅛ drop doses nuxvom., does well.

Dr. S. W. Hopkins' temporal pain was really sympathetic. The womb was at fault, or probably the ovaries. If you had bathed your patient's feet and legs in hot water, placed hot fomentations over the bowels, and given her infusion of macrotys rac., you would have relieved her sooner. The bleeding did her harm, and the blister but little good.

Dr. J. A. Reagan: The reason why the energetic part of the profession is constantly seeking more light is because the old routine practice (Flint and Gross included) is at best often problematical. In conclusion, Mr. Editor, I would ask the opinions of your readers on alteratives. How do they act, and which are the best? DR. FRANCIS A. EVANS.

NEWBERN, Tenn.

Catarrhal Inflammation of the Bladder and Urethra.

Editor MEDICAL WORLD:

A common affection, especially among women, is what I call catarrhal inflammation of the bladder and urethra. It is frequently accompanied by some pain in the region of the bladder; the urine is varied very often and with a great deal of pain, burning and tenesmus. Not more than half an ounce of urine is passed at one time. After it stands in the vessel a few hours, a whitish cloudy sediment is noticed. In recent cases I used infusion buchu with ten or fifteen grains bicarbonate of soda every three hours until relieved. I direct the patient to sit for fifteen minutes over a vessel of hot water, half a dozen times during the day, and urge her to keep off her feet and lie down as much as possible. In cases of longer standing, I prescribe:

℞ Bals. copaibæ ..... ℥ j
Olei terebinthinæ ..... ℥ iij

M.—Sig. Twenty or twenty-five drops on a little dry sugar four times a day, giving the steam sitting bath, &c., as before.

I have tried benzoic acid, also the much talked of stigmata maidis, without any good results.

SHELLSBURG, Iowa. I. S. BOLES, M. D.

Treatment of Piles.

Editor MEDICAL WORLD:

I notice on 159th page of THE MEDICAL WORLD for September, 1884, some physician prescribes the following ointment for piles:

℞ Monsel's salt. ..... dr. ½
Morphia sulphate ..... grs. 4
Petroleum mass ..... oz. 1

M.—Sig. Apply night and morning with the finger.

Leaving out the morphia, I have used Monsel's salt in several recently formed pile tumors with success. But in old cases of this disease, where the tumors are many, large, and callous, this treatment will fail. In such cases there must be remedies that have a direct affinity for the nerve centers of the portal system; such remedies as contract the capillaries more powerfully and uniformly than mere local applications. Hamammelis, in doses of 5 to 8 drops, three times a day, alternated with æsculus glabra, or æsculus hippocastanum, or collinsonia will cure this disease.

I. J. M. GOSS, M. D.

MARIETTA, Ga.

Editor MEDICAL WORLD:

In January WORLD, page 33, Dr. H. A. Veazie, of New Orleans, describes a case of fracture of the penis, but he does not tell us what snag the unfortunate struck; or whether it was a case of megalo penis or mentula parva. I admit that "brevity is the soul of wit," but I want a little more knowledge in order to become a believer. T. V. TABOR, M. D.

HODGDON, Maine.

Errors.

Editor MEDICAL WORLD:

About forty years previous to the 16th day of June last, a little party of the young of both sexes met by special invitation at a private residence, and the pastor of our church was there also. The heavens suddenly became angry and sent forth forked lightnings, tremendous thunderings and a deluge of rain, snow and hail attended with darkness and fearful winds. But the eminently necessary marriage ceremony was not omitted or postponed.

About the first day of November following, there was another meeting called at the same place and a very select party of matronly ladies were hastily convened, and the village doctor was there and he was master of ceremonies. The labour was tedious (24 hours), the patient was very impatient, the attendants importunate, the doctor fearing final results.

At midnight my door-bell rung me out and short distance and hasty strides soon brought me into the presence of the very sad company. Met with a cordial reception from all present. The master of ceremonies then said to me, "Doctor I am frustrated, I am balked." Ah! how? What is the stage of labour? and what the presentation? He said he had an occipital presentation and all is right, except (then he whispered me) "the membrane is not yet ruptured and I cannot rupture it. I took out my knife to puncture it, but we all decided to send for you."

A digital examination gave evidence of too much handling. The vagina was dry, which is always the result of meddling with the operations of nature in this business. First ascertain the position and form of pelvis; if they are favorable, resign the case to the laws of nature. Second, be ready to introduce him or her into this little world, sever it from its maternal attachments, etc.

In the above case the Doctor was tired and sleepy, so he was sent to bed, with a promise that he should be summoned if necessary. The attendants retired and slept. The patient had no pains from the moment they decided on assistance. The patient's nerves were quieted and she slept likewise. Thirty minutes rest and sleep brought a return of labor pains. Thirty minutes more and the passage was well lubricated, and thirty minutes more and the little girl popped into the world with a scream. The remaining business was finished while the matrons were washing, dressing, and examining the nails, the fontenells and other evidences of premature birth. The full time of gestation had been fulfilled.

One more short case which I select from a score of others. Mrs. W., was attended by Mrs. H., an old midwife; had been in labor thirty-six hours. Mrs. H. said the child was within reach, but it could not be brought down. The os tincæ was dilated sufficient to readily admit the hand. I found hour-glass contraction; the foetus was suspended; the head would vibrate like a pendulum. Every particle of mucous was absent, caused by constant manipulating. A full dose of opium and one hours rest relaxed the spasm and produced sufficient lubricants, and natural labor was the result.

I remember that Prof. H. Waterhouse, of the Medical College of Vermont, said: "I want to impress and reimpress this indelibly upon the minds of you all; to give nature your fullest confidence in this field of labor."

I recommend no specific treatment; I leave that to specialists and to the experience of the practitioner, and his best judgement.

J. W. BABBITT, M.D.

YPSILANTI, Mich.

For Earache and Toothache.

Editor MEDICAL WORLD:

I have used the following for earache and toothache for the last twenty years:—

℞ Fl. ex. belladonnæ.....
Fl. ex. gelsemii.....
Fl. ex. viburnum..... .....ää... q. s.

M.—Sig. Moisten cotton with this and put into ear or tooth.

I have never known this to fail. It will relieve the worst cases in a short time.

M. CZARTORYSKI, M.D.

STOCKTON, California.

Sprained Joints.

Editor MEDICAL WORLD:

The report of Dr. Babbitt's case of a sprained and *starved* ankle in THE MEDICAL WORLD, of July, 1884, reminded me of a case of sprained ankle of a young man whom I saw some fifteen years ago, that had been attended by another physician.

The sprain had lasted six weeks when I first saw it, and the limb had been laid up and not moved all of this time. It then took a longer time to limber the joint and cure the lameness than to have cured it in the first place. He had not attempted to step on the limb, which had very much lost its usefulness.

My treatment of sprained joints is to use them carefully very soon after the injury; even in the most severe sprains, get the patient on crutches and have him use his limb slightly,

the third or fourth day after the injury, and in slight ones the same or next day. If it swells very much, a bandage is well for a few days, until the swelling subsides. In very severe cases hot rum and worm wood herb is a good application, for two or three days, and then rub it with camphorated oil for a few days, and then use some ammoniated liniment. The above treatment will cure nearly all cases of sprained joints as far as they can be cured. A badly sprained joint will almost never be as perfect as it was before the accident.

A badly sprained knee joint will require a longer time of quietness than any other joint, and often a varied treatment, particularly if it becomes dropsical. But even in the knee joint, get the patient on crutches as soon as the case will admit of it, after the subsidence of the inflammation, and have the foot touch the ground as soon as possible without pain. No sprained joint should be allowed to become stiff. If the will is not sufficient to move the joint, then it should be limbered by passive motion. Should also guard against the permanent contraction of the muscles of the limb. Bring the limb out straight once or more *every* day, after a short time.

N. L. FOLSOM, M. D.

PORTSMOUTH, N. H., January 1885.

A Peculiar Case of Enlarged Liver.

Editor MEDICAL WORLD:

F. R., aged 12 years, showed all the symptoms of enlarged heart; was treated for the same about four months. Died Dec. 18th.

Post mortem. On opening the chest nothing could be seen but liver, the same filling the space up to the third inter-costal space. Heart atrophied and filled with clots. The left lung consolidated to size of a small fist. The right lung was gone, and its place occupied by three or four ounces of pus. Other organs healthy, except anæmic.

The peculiarities of this case are: that the liver encroached upon the contents of the chest, instead of the contents of the abdomen, as usual; and that he never showed any decided symptoms of liver derangement, as icterus, etc., and tongue was not coated until three days before death. Although he had cough, he never expectorated. Appetite was good; was hungry only a few hours before death. Voice strong as usual! Disposition cheerful.

Were the lungs tuberculous? or did the encroachment of the liver consolidate the lungs and break them down? The latter is our opinion.

DR. V. SINZ,
TRENT, Mich. DR. J. INGRAM.

Treatment of Rheumatism.

Editor MEDICAL WORLD:

The January number of THE WORLD at hand. Am well pleased and more than paid for the entire year's subscription in this my first number. Put me down as a life-long reader of THE WORLD. I have quite a number of cases of rheumatism at present and am succeeding well with the following:

℞ Iodoform, ...
Sul. quinia.....āā... ʒ j
Iron by hydrogen..... ʒ iij
Syr. simp. q. s. .....

M.—Ft. pil. num. lx. Sig. One after each meal. Also a full dose of opium at night to relieve pain and cause sleep.

Will some one give me a formula for salicylic acid in treating rheumatism?

G. W. FERTICH.

DUNKIRK, Ind.

The Ideal Physician.

Editor MEDICAL WORLD:

I suppose the object of Dr. Putnam's questions, is to find out what each physician's ideal physician is. The medical fraternity is made up of a heterogeneous mass of diversities, and the people they are to try to pléase are a compound hetrogeneous mass of contradictions. Some will prefer as their physician a Sunday-school superintendent, others would not have him on that account. Some will employ their favorite, be his morals ever so bad. Some will prefer merit, others will patronize the lowest priced one regardless of merit. There is no infallible criterion in deportment that will always guide him to success. Those physicians who are good enough judges of human nuture, and possess the faculty of ingratiating themselves into the good graces of the community by adapting themselves to the company they are in, although their medical knowledge may be inferior, will in all probability make a financial success. To their medical brethren their veil will be transparent, but to the laity it will be opaque.

I have in mind a few cases that are not hypothetical, that are to the point.

I know two physicians living in the same town. There is no great disparity in their ages or length of time in practice. One is an intelligent, modest, Christian gentleman and a skilled physician; the other is a drunken, immoral, vulgar man, with no medical education excpt what he has gained in practice, but he has the gift of "gab" and the sense to use oil instead of vinegar in the application of his sophistry. He can make a good Sunday-school

speech at their conventions, or a good temperance speech, if not too drunk, and is "one of the boys" when out on a lark. Now the former of these two is what I would take for an ideal physician, and the latter anything but that, and yet there is but very little difference in the demand for their services.

I have in mind another, who is gruff and profane, curses his nurses and curses his patients and d—ns his own soul almost every time he speaks, and yet his services are in demand.

I have in mind another, a very mild mannered man who is always affable, smiling, bowing, whose politics, religion and morals, like the chamelion's color, always agrees with its surroundings. Like Alcibiades of old, flexibility is his characteristic, yet his services are in demand.

Now the success of these contradictory characters exemplifies a rule in medicine: where there are many remedies for one disease there are no specifics.

J. W. MURFIN, M. D.

VERNON, Illinois.

Alkaline Saturation Treatment in Fevers, whether of Malarial or Irritative Type.

Editor MEDICAL WORLD:

Having written several short articles in the medical journals upon my plan of treatment, and secured the encouragement and endorsement of a number of my professional brethren, previously strangers to me, I feel that a short article in your valuable journal will be similarly received by its readers.

My plan is simply the saturation of the system by means of soda bicarbonate; and I claim for it all that antipyretics can do. I claim for it powerful germicidal powers. It is antizymotic, antifermentive, antiputrefactive, refrigerant, and positively curative in the highest sense of the word. Under my plan of treatment the other antipyretics are almost useless. Quinia will be found necessary only where habit seems to keep up the disease, as in intermittents.

The principle is a thorough saturation of the almentany canal, and subsequently the whole system. My theory is, that fever of the idiopathic, type cannot exist in a state of neutralization. But this must be done thoroughly and systematically.

In the treatment of irritative symptoms, opium and spts. of nitre may be added.

In typhoid types, calomel may be used with good effect.

One of my correspondents writes me that since the adoption of my Alkaline Saturation Treatment, he now uses four or five grains of quinine where he used thirty or fourty before. Avoid all acids, or acid substances, and all fermentive as much as possible. Where nerve power is deficient I allow strong coffee, but slightly sweetened In convalescence, bitters—columbo, quinia, chinchona, etc., are useful.

My plan of treatment has been the result of a number of years of unparallelled success, and I now recommend it to the profession generally, as the safest and surest method of fever treatment. It is also very useful in symptomatic forms.

There should be discrimination and system in the process of saturation; in some cases small doses of the sodium should be used, while in others' large and often repeated doses are necessary.

Hoping that my conferees will try it and give the result of their experience.

I remain yours truly,

L. L. HOLCOMBE.

TERRE BONNE STATION, La.

[We would be pleased if the writer would give detailed particulars of his treatment, with cases. Also please explain, "fever of the idiopathic type cannot exist in a state of neutralization.—ED.]

OPINIONS.

Dr. T. B. Fowler, of Cohocton, N. Y., writes:—"I have received your admirable Chart, which is a treasure. It saves much time that was formerly spent in looking over books on the subject. One wonders how so much practical knowledge can be made so easily accessible, and condensed into so small a space."

Dr. G. T. Blair, of Westerville, Ohio, writes:—"THE WORLD is one of the best practical journals published in America. It is just what we country doctors want—plain, practical and 'all in a nut-shell.' I don't see how you can afford to publish such a journal at $1 per year, especially as it is made up of so much original matter. If it cost $3 a year I could not do without it."

[Thanks, gentlemen. We receive just such letters as these from all parts of the country. Allow us to say that THE WORLD was established for neither fun nor glory. We desired to establish a journal to serve as a medium of interchange of ideas among the members of the profession, and at the same time to tersely give the current medical thought and other valuable matter. We determined that the price should *under no circumstances* exceed one dollar. By adhering to strict business principles we have found this to be possible. We carry no "dead-heads." In this way we are enabled to serve paying members all the better. We cannot lose by serving the profession well. This is proved to us daily.

THE WORLD is an unqualified success, and we will continue to improve it as rapidly as circumstances justify. These "circumstances" are in the hands of the profession. Our friends in all parts of the country never let an opportunity pass to speak a good word or get a new subscriber for THE WORLD.—ED.]

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

I will feel obliged if you will publish formula for "Kennedy's Medical Discovery," of Roxbury, Mass.

J. H. JONES, M.D.

BORTON, Maryland.

———o———

Editor MEDICAL WORLD:

Will some reader of THE WORLD give an analysis, or approximate formula for "Dr. Hair's Asthma Cure"?

SMILAX.

PALESTINE, Texas.

———o———

Editor MEDICAL WORLD:

Will you please give a formula for a hair invigorator that will change gray hair to a dark color? I am not an M.D., but take and read your journal. I like it very much.

J. R. SWAIN.

COLUMBUS, Ind.

———o———

Editor MEDICAL WORLD:

Will you or some kind brother give me a good treatment for hysteria? Also, please give formula for Hunt's Kidney and Liver Remedy.

J. G. HOLLAND, M. D.

CARRSVILLE, Va.

———o———

Editor MEDICAL WORLD:

I would inquire of your readers if they know of any *preventive* treatment of carbuncles and boils. I have a patient who has one or more carbuncles, then several boils almost every year, generally the latter part of winter, or in early spring.

What is the best treatment for carbuncles?

W. J. HAINE, M. D.

WEST FARMINGTON, O.

———o———

Editor MEDICAL WORLD:

Can you or any of the readers inform me, through the WORLD, the first surgical operation ever performed of which we have any account?

W. M. CAMPBELL, M. D.

MINNEAPOLIS, Kan.

———o———

Editor MEDICAL WORLD:

Please publish formula for Parson's Purgative Pills. H. H. TAYLOR, M. D.

HUDSON, Mo.

Editor MEDICAL WORLD:

Will you please publish the formulæ of Dr. Pierce's Favorite Prescription, and Warner's Safe Liver and Kidney Cure? C.

[We published these some months ago. Will make room for them again soon.—ED.

———o———

SPECIAL.

NOTICE advertisement of new and convenient form of Antiseptic Dressing, as suggested by Dr. Chas. Meigs Wilson, on page xxv. Progressive pharmacy serves the practical physician.

THE surgical value of pepsin as a dissolvent is well shown in a note in the *Northwestern Lancet*. The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's Crystal Pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

WRITE to Messrs. J. C. Baker & Co., 815 Filbert street, Philadelphia, for information concerning the preparations of Ferrous Malate; also concerning Bartlett's Pile Suppositories, and samples of the same. Always mention THE WORLD.

Do not fail to write to J. B. Alden, publisher, 393 Pearl street, New York, and get his hundred-page Catalogue, sent free to those who mention THE MEDICAL WORLD. See advertisement page v. "The Book Worm," monthly, 25 cents per year; send for sample copy. "Choice Literature,"—monthly; 1000 large pages of the most select literature each year; subscription price only $1.00.

SEND a card to Pomeroy Truss Company, 785 Broadway, New York, for circulars and price-lists. Their goods are superior.

Do not fail to send for a sample of "Papine." Address Battle & Co., St. Louis, Mo., and mention THE MEDICAL WORLD.

SEND card to Wm. S. Merrell Chemical Company, Cincinnati, Ohio, for new Catalogue, and mention WORLD.

"MANUAL OF MEDICAL ELECTRICITY," 86 pp., illustrated, elegantly gotten up; price 10 cents. Will be sent free during February to those who mention THE MEDICAL WORLD. Address Galvano-Faradic Manufacturing Company, 300 Fourth avenue, New York.

DO NOT fail to send your address to Messrs. Geo. F. Laird & Co., 44 Park Place, N. Y., and get a sample of the new preparation, Oleo-Chyle, which will be sent free of all expense.

BE SURE to send a postal-card to Mariani & Co., 19 East Sixteenth street, New York, for their new

treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent free if WORLD is mentioned.

SEND to Crab Orchard Salts Company, Louisville, Ky., for a sample of Crab Orchard Salts, and mention THE MEDICAL WORLD.

SAMPLES of Golden Scale Pepsin will be sent free to those who mention this journal. Address Gaunt & Janvier, 55 Grand street, New York.

WRITE to C. L. Mitchell, M.D. & Co.. corner of Ninth and Race streets, Philadelphia, for their new illustrated Catalogue and samples of new preparations of Soluble Medicated Gelatin. Always mention THE WORLD.

WRITE a card to John Wyeth & Bro., Philadelphia, for complete list of Compressed Lozenges, and samples. Mention WORLD.

SEND to Messrs. Goodwin & Small, 139 Third street, Macon, Ga., for a sample of their excellent Comp. Syr. Hypophos. with Lactates and Pepsin, and mention this journal.

To physicians not yet acquainted with hydroleine a sample and pamphlets will be sent on application if the WORLD is mentioned. Address, Wm. F. Kidder & Co., 83 John street, N. Y.

READ lower half of page 2 and send to Messrs. Lambert & Co., 307 Locust street, St. Louis, Mo., for recent medical literature on "Preventive Medicine." A sample bottle of lithiated hydrangea will be sent free if THE WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

When writing to Messrs. Wm. R. Warner & Co. for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD.

It will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

WRITE to the Nelson Pharmacal Works, 18 and 20 Platt street, New York, and get a sample of Gastropeptic, their new preparation. Always mention THE MEDICAL WORLD.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who address the Rio Chemical Company, 218 N. Second Street, St. Louis, Mo., and mention this Journal.

IF you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh Street, Philadelphia, and get a card of surgeons' pure iron-dyed silk free, if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

WRITE to G. W. Lutz & Co., 22½ S. Ill. St., Indianapolis, and get circulars describing the best hypodermic syringe in the market, and other useful instruments.

WHEN writing to Otto Flemming, 1009 Arch St., Philadelphia, for catalogues of electrical instruments, always mention THE WORLD.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore and get a physician's sample of Mineral Earth. Always mention THE WORLD.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co.. on adv. page vi.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

BY mentioning THE WORLD you can get an illustrated pamphlet of the Winter Health Resorts of the West Indies. Address Messrs. James E. Ward & Co., 113 Wall street, New York.

FORMULÆ.

Perry's Compound Sarsaparilla Blood Purifier

℞	Turkey corn root	lbs.	2
	Stillingia root	lbs.	2
	Sarsaparilla root	lbs.	2
	Yellow dock root	lbs.	2
	Sassafras bark	lb.	1
	Simple syrup	gal.	2
	Diluted alcohol	pts.	32
	Iodide of potassa	lbs.	2
	Water	sufficient quantity	

Percolate roots and bark with diluted alcohol, add syrup, then iodide of potassa. Dissolve in water to make six gallons.

—"Kilner's Modern Pharmacy."

For Dysmenorrhœa.

℞ Succi conii		ʒ j
Potass. bromid		grs. xv
Aquæ	ad...	ʒ j

M.—Sig. To be taken three times a day.

—Dr. Alfred Meadows.

Diaphoretic.

℞ Liq. ammon. acet		ʒ iij
Aquæ camphoræ		
Aquæ destil.	āā...	ʒ iv
Syr. rhoeados		ʒ j

M.—Sig. To be taken every sixth hour.

—Dr. G. Gregory.

For Neuralgic and Nervous Headache.

℞ Tr. quiniæ		ʒ vj
Potass. bromid		ʒ j to ʒ ij
Glycerinæ		ʒ ij
Mist. camphoræ	ad...	ʒ vj

M.—Sig. A sixth part twice or three times a day.

—Dr. Day.

For Chilblains.

℞ Linimenti saponis		ʒ j
Olei cajuputi		
Tr. cantharidis	āā...	ʒ ij

M.—Sig. Apply.

Hooper's Female Pills.

℞ Sulphate of iron	oz.	8
Water	oz.	8
Dissolve, and add—		
Barbadoes aloes	oz.	40
Canella	oz.	6
Myrrh	oz.	2
Opoponax	oz.	½

This makes a mass. Divide 60 grains into 18 pills.

According to a recent analysis the iron is in a peroxidized state; probably the sulphate is partially calcined.

Hamlet's Ague Pills.

℞ Sulph. quiniæ		ʒ ij
Pulv. myrrhæ		
Pulv. capsici	āā...	ʒ j

M. et ft. pil. num. lx.

Cosmetic for the Skin.

A teaspoonful of the following mixture added to an ordinary hand basin of water, forms an admirable cosmetic for the skin of the face and hands:

℞ Tincture of benzoine	10 parts.
Rose water	150 parts.

This is known as *Lac Virginis*.

Hunter's Red Drops.

℞ Corrosive sublimate	gr.	10
Muriatic acid	drops	12

Rub in a glass mortar and gradually add—

Compound spirits of lavender	oz.	1

Dose, five to twenty drops in wine, or spirits and water.

A powerful alterative in syphilitic diseases.

Bochet's Syrup.

Compound syrup of sarsaparilla, with senna, and one per cent. of iodide of potassium.

For scrofulous affections.

Cochrane's Cough Medicine.

An acidulated syrup of poppies.

Elixir of Long Life.

(ORIGINAL SWEDISH FORMULA.)

℞ Aloes	dr.	9
Rhubarb		
Gentian		
Zedoary		
Saffron		
Theriaca		
Agaric	of each...	dr. 1
Proof spirit		pints 2

Kelly's Tonic.

℞ Tr. nucis vom	ʒ ij
Acidi nitro-mur., dil.	ʒ iij
Tr. cinchonæ comp.	ʒ ss
Tr. gentianæ comp. ad...	ʒ iij

M.—Sig. Two drams in water, three times a day.

Aperient Pills.

℞ Ex. colocynth comp	℈ ij
Ipecacuan	grs. vj
Sapo	grs. x
Ex. hyoscyamii	ʒ ss

M.—Ft. pil. num. xviij. Sig. Two at bedtime.

Schenck's Mandrake Pills have had an approximate analysis made of them by Haga (Berlin), which analysis states that there is no mandrake contained in the pills, that they contain some cayenne pepper, a bitter extract and some vegetable powder, which has a percentage of tannin. We suppose, however, that these pills are nothing more or less than a cheap vegetable catharic pill, probably; containing aqueous or alcoholic extract of mandrake root, and probably some aloes and colocynth. —*New Idea*.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain drops off the stones.—FROUDE.

The Medical World.

"THE URINE IN DISEASE," a Chart 14x18 inches in size, excellent bristol-board, arranged by Louis Lewis, M. D., M. R. C. S. (Eng.), given to subscribers until June 1st, 1885.

Subscription (with Chart) to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies (with Chart), FIVE SHILLINGS per year. Postage free. These rates must be paid *invariably in advance.*

A BLUE LINE beneath your name on the wrapper indicates that your subscription has expired and that you are invited to renew it without delay. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

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"THE MEDICAL WORLD,"

401 South Eighth Street,

PHILADELPHIA, PA.

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Scarlatina and Diphtheria.

Scarlatina and diphtheria are generally more prevalent in late winter and early spring, and hence this is a favorable time for their discussion in these columns. The relation existing between these diseases is always an interesting topic. Some claim that they are almost interchangeable with each other—almost different forms of the same disease; while others consider them entirely different in nature. Those of the first class point to the similarity of the throat symptoms, to the preference of both diseases for children, and to the difficulty of diagnosis between scarlatina without eruption and diphtheria. Those of the second class point to the high temperature always present in scarlatina, and the low, frequently subnormal, temperature generally present in diphtheria; also to the fact that the sequellæ are entirely different. Kidney troubles (probably due to high temperature) are the most frequent sequellæ to scarlatina, while paralysis, most frequently of the muscles of the throat, often follows diphtheria. However, many physicians claim to have had cases of both diseases in the same family during the same epidemic.

Pathology is useful chiefly as a guide to treatment; and it is the treatment, particularly, that we wish discussed. Such a discussion cannot fail to be interesting and valuable to all members of the profession. A free exchange of views is invited.

—o—

Fallen Giants.

Medical journalism has recently lost a veteran on each side of the Atlantic.

On January 31, Dr. William Braithwaite, founder of Braithwaite's *Retrospect of Medicine*, died at his home in Leeds, England.

On February 2, Dr. E. S. Gaillard, so well known to American medical journalism, died at his home at Ocean Beach, N. J.

Dr. Braithwaite founded the *Retrospect* in 1840. It has been published continuously ever since, and will be continued under the management of Dr. James Braithwaite, the founder's son, who has for some years done the greater part of the editorial work. It will continue to be republished in this country by W. A. Townsend, of New York, whose name has been connected with this work since 1850.

The future of Gaillard's *Medical Journal* we have not yet learned. Neither it nor the services of its able editor can well be spared; but without Dr. Gaillard, the *Journal* could never be what it has been. In an experience of about twenty years he was successively editor of the *Richmond Medical Journal, Richmond and Louisville Medical Journal, American Medical Weekly,* and *Gaillard's Medical Journal.* His great ability was recognized by all.

He was for a number of years a member of the faculty of the Louisville Medical College, but a few years ago he was obliged to leave Louisville on account of chronic malarial poisoning. He then moved to New York City,

but he found that his health was best favored by residence on the Atlantic coast.

As a teacher of the principles and practice of medicine he had few equals, as many pupils in all parts of this country will testify.

He was born at Charlston, S. C., January 16, 1827, and was consequently 58 years of age.

WE beg the indulgence of our readers for a number of typographical errors in last issue. We arranged with others to make corrections and did not give it our accustomed attention. It is hardly necessary to say that the erring proof-reader and compositors have all been killed.

The Current Medical Thought.

Coca Cigarettes for Asthma and Coughs.

Cigarettes made of tobacco mixed with an equal portion of crushed leaves of *erythroxylon coca*, give much relief in asthma, hay fever, and chronic cough. The flavor is quite agreeable and a very pleasant aroma pervades the room. We know a lady who affirms that one of these cigarettes has many times saved her from an impending attack of asthmatic dyspnœa. We have frequently suggested its use to old smokers who were troubled with "cough," with satisfactory results. We are in possession of numerous testimonies to its efficacy in cases of chronic bronchitis of old people, difficulty of breathing, and irritative cough, when independent of organic pulmonary trouble. Its sedative action on the larynx and pharynx is quite remarkable; and it certainly seems to allay spasm, and to produce, in a lesser degree, the same results obtainable by hydrochlorate of cocaine on these parts. It is now nine years since we first suggested this use of coca; and we have no reason to alter the recommendation of its trial.

For Diabetes Mellitus.

Sulphide of calcium is worthy of more extended trial in the treatment of diabetes mellitus. There are well authenticated reports of the steady diminution of sugar-elemination under its influence. Clemen's solution of arsenite of bromine, in doses of from three to five drops, has also proven successful, when combined with strict anti-diabetic diet.

Ether Spray for Vomiting.

The application of ether spray to the epigastrium has been successful in arresting the vomiting of pregnancy. This might possibly be of some service in sea-sickness. Bromide of sodium, however, appears at present to be the most promising agent in the latter trouble.

Degeneration of Londoners.

In a recent lecture on the "Degeneration of Londoners," we are told that ozone is, in that city, conspicuous by its absence; and that either from want of that element or from want of light, sun-burning or tanning of the skin is unknown. It is nearly impossible to find a third generation of true Londoners, that is, descendants of two generations, all born and passing their lives in London. The progeny ceases—becomes stamped out by moral and physical decline, and inability of continuance. Shortness of stature, narrowness of chest, squint, deformities of jaws, scrofulous marks, etc., characterise those generations that represent the "survival of the unfittest." A fourth generation is not to be found. Absence of ozone, too little light, too little exercise in fresh air, too much gin, and too much tobacco, contribute largely to these dire results.

[London has plenty of parks, open spaces, squares, and recreation grounds where good air and exercise, and surely *some* ozone may be indulged in by those who can avail themselves of the privilege; but there is an enormous proportion of unfortunates who are so tied to their occupations and so restricted in their movements, that these benefits cannot be enjoyed. It is no matter of wonder that the royal families, aristocracy and upper strata of society, are of more vigorous constitutions: they do no work, but they substitute artificial exercise in the shape of travel, sport, hardy pastimes, etc., which fully compensates for any amount of indoor labors, and enables them to successfully compete with the stoutest peasant.—ED.]

Active Principle of Ergot.

According to Dr. Hobert, of Strasburg, ergot has three main active principles: "ergotinic acid," "sphacelinic acid," and "cornutine." Ergotinic acid has no action whatever on the uterus of animals (though it is a large constituent of ergotin). Sphacelinic acid, or sphacelic acid increases blood-pressure and causes extravasations, which lead to gangrene. It also affects the crystalline lens peculiarly, and leads to cataract. (The tendency of ergot to

produce cataract has been long recognized). "Cornutine" appears to be the alkaloid which should be credited with most action on the uterus. It causes tonic and clonic convulsions. and movements of contraction in the womb and viscera, yet does not seem to lead to expulsion of the fœtus. Fresh ergot, gathered in the fall, seems, after all, to supply the best means of obtaining the physiological action required of the drug on the uterus.

Another Remedy for Tape Worm.

Oil of pine-needle is recommended as a remedy for tape-worm. It should be taken in milk and is said to act efficiently without griping, tenesmus or other trouble. It is fragrant and pleasant to take.

"Pinus Pumilio," "Dwarf Pine," inhabits the mountains of eastern and south-eastern Europe, and also America, and exudes a juice called Hungarian Balsam." This juice is terebinthinate. There are over forty known varieties of pine trees.

Kneeling Position in Delivery.

Dr. C. R. Illingworth (Eng.) thinks that the kneeling posture, by the side of a chair or bed, is the best for delivery, on the score of gravitation, as in that position no constant hold on the uterus is necessary; the latter falls into the pelvis by its own weight, and expression or extraction can be performed at leisure, or in the event of a pain. The patient can also better aid the process by bearing down, and instruments can be used with greater facility. Hemorrhage is also much less frequent, in fact, is a rare occurrence. He also advises early division of the cord; and thinks two or three days long enough for a woman to *lie* in bed, after which period they should *sit up* in bed in order to facilitate the escape of discharges, and to prevent retroversion. Moreover, he advises all his patients to get up just as soon as they feel able. He also favors antiseptic washings out of the passage three or four times a day as practiced by the Russians; and gives the preference to permanganate of potash solutions for that purpose.

If a glass rod be dipped into a mixture of equal parts of permanganate of potash and strong sulphuric acid, it will cause violent explosion when applied to oils of turpentine, mace, thyme, cinnamon, cubebs, rue, spike, origanum, and lemon.

Nitro-Glycerine in Contracted Kidney.

Professor Rossbach, of Jena, recommends nitro-glycerine in the œdema, retinitis, asthma, and other severe symptoms of contracted kidney; he says it lowers the blood-pressure until the pulse becomes normally soft, the quantity of urine is not diminished, and the patient shows much general improvement. From 1-120th to 1-60th of a grain is given ten or fifteen times a day, in tablets.

A Precaution in Otorrhœa.

In prescribing powders and drops for otorrhœa, care should be taken to ascertain that the Eustachian tube is in a patent condition before the meatus is closed externally by plugs of cotton wool; otherwise the pus may form a perforation in a dangerous direction, having no other available mode of exit, for it will not often burrow through the mastoid cells.

How Fat is Made.

In temperate climates the average working man requires somewhere about three and a quarter ounces of fat and about a pound of carbo-hydrates, as starches and sugars, in his daily food, though, of course, these quantities need not be adhered to as a hard and fast rule. The fat we use we obtain mostly from the animal kingdom, the starch and sugar from the vegetable, though there are also many useful vegetable oils and fats. Fat that is consumed in excess of our requirements becomes stored up in our systems "for future reference;" whereas the excess of carbo-hydrates is rapidly destroyed and lost. When sugars and starches are used to the exclusion of fats in the daily food, the fat, which is then stored up, comes from a different source and is produced by a change in the albumen we eat.

Thus excess of starchy and sugary foods goes to waste, while excess of fats is saved.

Drinking water of Paris and Philadelphia.

3,929 dogs, 1,916 rats, 349 cats, 191 chickens, 130 rabbits, 23 specimens of diseased meat, 8 geese, 3 turkeys, 2 hogs, 2 sheep, 1 goat, 1 pig, 1 calf and 1 monkey were fished out of the river Seine at Paris, last summer. To these may be reasonably added some drowned men and women and a dash of murdered infants. And this is their drinking water! Schuylkill water is pretty bad, truly, but the Seine is "facile princeps" in the matter of "flavoring" ingredients.

The Comma-Bacillus.

The 'comma bacilli' or 'vibriones' can always be found in the rice-water evacuations of cholera-patients. They are never found in the blood or tissues. They have nothing specific in their characters or properties. They are sometimes found in the mouths of healthy people, and have been found in old cheese. They are very variable in length and shape. There is no proof whatever that they are capable of producing cholera or any other disease, and they are taken into the system in drinking water without any deleterious effects. These are the results of the latest investigations of the English Cholera Comission, reported at the Royal Society in London.

Food Value of Cocoa.

An essential difference between cocoa and tea or coffee, is that cocoa is, strictly speaking, a food. We do not merely make an infusion of the bean, but eat it bodily in the form of a *soup*. It is highly nutritious; one of the most nutritious foods in common use, and was therefore named by Linnæus, *Theobroma*, or "food for the gods." But to obtain its nutritive properties in their integrity we must procure a cocoa which is prepared from the whole nut, pure and simple, unsweetenened, ground and crushed to an impalpable paste. It then only requires light boiling with milk to form a food worthy of its fantastic name—"theobroma."

Mussels as Food.

Mussels are a nutritive and wholesome food when taken from the sea and eaten fresh. But those which are fished from near the coast absorb impurities from the surrounding drift-matter, and develop certain alkaloids called *ptomaines;* these are the causes of so-called mussel-poisoning.

Tuberculosis Communicated by Sexual Intercourse.

At a meeting of the "Societe Medicale des hospitaux" in Paris, Mons. Fernet read a thesis discussing the possibility of the propagation of tuberculosis by means of sexual intercourse. He quoted the statement of M. Barbe's, that tuberculosis had been developed in a man after connection with a female suffering from the same disease, and that the bacilli of tuberculosis had been discovered in the vaginal mucus of the female, and in the urine of the male. He asserts that the bacillus of tubercle can be transmitted, not only through the media of the respiratory and digestive tracts, but also through the genito-urinary and all other mucous passages.

Restoring Grey Hair to its Original Color.

We have under our notice a patient, whose prematurely-grey hair is slowly but surely returning to its original color, under the internal administration of phosphorized cod-liver-oil (which is being taken for another purpose). We have observed this effect of the phosphorus and oil before now, and are inclined to think that the hopes of success are more rational from this treatment than from the use of any of the so-called "hair-restorers."

Tea should not be taken with *fresh* meat; the tannin interferes with its digestion, and irritates the stomach; it does not interfere with *dried* meat, such as tongue or ham, as the fibres of these have already become toughened and shrunken in the curing. Afternoon tea is very injurious, and a fruitful source of dyspepsia, gastralgia and irritable heart. Tea should not be drunk very hot nor very strong.

Depopulation of France.

Mons. G. Lagneau (Paris), in an essay on the "Depopulation of France," states that her increase of births is three or four times less than that of England or Germany, and fears that she will lose her political predominance and find herself in a sadly inferior numerical condition in the future. He ascribes this to the desire of French parents to assure their progeny an equivalent worldly position to their own.

Epidemic Pneumonia.

Dr. Germain Sèe (Paris) regards pneumonia as infective and parasitic in its nature, in many cases, developing itself like typhoid, and spreading through prisons, schools and villages, attacking a great number of individuals, like other parasitic diseases. He considers this epidemic form as distinct from ordinary pneumonia, though no tangible difference has yet been ascertained. Pneumonia can be reproduced in animals by means of the parasite, but not by any chemical or physical agent. All that is necessary for its reproduction is the contact of a microphyte with the lung tissue. Dr. Sèe says the parasite is developed within seven days, and that the indications for treatment are three in number; 1, to combat the fever (quinine, antipyrine); 2, to sustain the strength by means of alcohol; 3, to combat inanition by means of highly concentrated liquid foods.

The Toxic Properties of Urine.

At the "Societe de Biologie" at Paris, Mons. Bouchard stated that poisonous alkaloids are developed in the urine of patients suffering from infectious diseases, and are produced by infectious agents either animal or vegetable in the organs of digestion. Normal urine has also been shown to be poisonous. By means of an alcoholic extract of urine he has produced paralysis and even death in a number of animals. These effects have been obtained by injecting the urine into the veins. In lesser quantities it produces contraction of the pupils, feeble respiration, somnolence and reduction of temperature and, singularly, salivation.

Treatment of Condylomata.

These may be speedily removed by bathing the part with salt water, and then dressing it with powdered calomel. The calomel becomes gradually converted into corrosive sublimate, and the growths disappear after a few such applications.

Gout of the Testicle.

This is an occasional precursor of gout in other parts, and sometimes follows it. It has no special characteristic, and is mainly known by its appearance during an attack of gout elsewhere, in which case the latter temporarily disappears. The testicle becomes painfully swollen; is in fact in a condition of orchitis, but without epididymitis. It yields to the usual treatment for gout.

For Coryza.

The inhalation of the vapors from boiling water containing powdered camphor relieves all the distressing symptoms of coryza. About three drachms of camphor to a half pint of water will be of sufficient strength; and it should be employed for about fifteen minutes. Two or three "sittings" are said to effect a cure.

London Hospitals.

London has 85 free hospitals; 22 general, 19 for women and children, 6 for consumption and diseases of the chest, 5 for the throat and ear, 5 for the eye, 5 for the skin, 5 for incurables, 4 for diseases of the nervous system, 3 fever hospitals, 2 dental, 2 orthopædic, 2 for cancer, 2 parochial, 1 for fistula, 1 for stone, and 1 for convalescents. In addition to these there are four paying hospitals.

Beware of Arsenic in Wall Paper.

When symptoms of coryza, irritation of the eyelids, follicular pharyngitis, or dyspepsia are chronic in the household, and cannot be traced to any definite cause, suspect arsenical wall-paper, which is not always necessarily green. Scrape off a little of the coloring matter, mix with an equal quantity of carbonate of soda and a little powdered charcoal, and heat it in the bottom of a narrow test-tube. If arsenic be present, there will be a faint odor of garlic, and a mirror-like sublimate of the metal will show on the sides of the tube, above the point heated; or crystals of the white oxide may appear if the tube contains much air.

Deodorants, Antiseptics, and Disinfectants.

Deodorants remove bad smells, acting principally through their absorbent and deoxydizing properties; the principal agents comprise charcoal, earth, chlorine, ozone, permanganate of potash, nitrate of lead, sulphates of copper, zinc, and iron, and chlorides of iron and zinc. Antiseptics check or prevent decomposition, and include carbolic, boracic, salicylic and sulphurous acids, alum, "boroglyceride," "chloralum," eucalyptus oil, and sulphates of copper and iron. Disinfectants destroy living organisms or germs, and dead organic matter; the most available are corrosive sublimate chlorine, ozone, and the permanganates.

For Malarial Fever.

Salicylate of soda, fifteen-grain doses, in lemon juice, has proven very successful in the treatment of obstinate malarial fever of the quotidian type. It should be administered about an hour before the expected paroxysm. —*Allgein. Med. Centralzeit.*

We have had good results in similar cases from the use of salicylate of quinine, in two-grain doses three or four times a day. But the drug is expensive, and has to be given in powders.

Asthma and Urticaria.

There would appear to be some singular connection between asthma and urticaria. Sir Andrew Clark looks on asthma as an urticarial rather than a spasmodic affection; whilst most authorities consider urticaria the result of asthma. Dr. Pringle, at a recent meeting of the Clinical Society of London, communicated the particulars of a case which point to the

probability that urticaria may present itself *internally* as well as on the surface, and that it may pass (by metastasis, as it were) from the one part to the other.

To Disinfect a Room.

In the disinfection of a room, all the objects should be left in position, and about one ounce of sulphur burned for every cubic yard of space which it is desired to disinfect. The best means of avoiding danger from fire is to employ two earthenware vessels placed one on top of the other, the upper and smaller one containing the sulphur and alcohol, the lower one containing wet sand. If then the upper jar breaks with the heat, the burning sulphur falls on the wet sand and not on the floor. The room which is being disinfected should be kept closed for 24 hours after lighting the sulphur.

Bleaching from the fumes of the sulphur must be expected; all metallic objects are also attacked; they may, however, if necessary, be protected by coating them with oil before the process of disinfection is commenced.

The above is the ordinary method employed in most of the hospitals in France, and it cannot he too highly recommended.

Test for Cod Liver Oil.

Pure cod liver oil may be tested by gently pouring two or three drops of fuming nitric acid down the side of a watch-glass containing about 15 drops of the oil. Genuine oil turns red at the point of contact, and becomes yellow after stirring. Substituted oils, treated in the same way, turn more of a bluish tinge.

Danger to Misers.

It has been discovered that another danger menaces the grasping people who are striving to amass money. A German microscopist recently examined a number of silver coins in ordinary use under a microscope. The incrustations in the hollows were found to consist of textile fabrics, globules of animal matter, and unicellular algæ; but the most important discovery made was that on nearly all the coins were bacteria in active motion, and bacilli in great numbers. These active agents of contagious disease may probably be found on all coins in current use, and it is well known that paper money is sometimes made the vehicle of diseases. Let the man who has no filthy lucre congratulate himself on what he escapes.

NUX VOMICA and strychnia excite the action of the mammary glands, and stimulate them to secrete the milk in cases of suppression.

Fear and Cholera.

Dr. B. W. Richardson considers that fear is a potent cause of intensification of the symptoms in malignant cholera, and that a cheerful countenance and an assuring word by the medical attendant is a splendid prescription, during his necessarily frequent visits. He has faith in small repeated doses of creosote (about m.j.), in combination with opium and camphor; and when collapse supervenes, injection into the veins of a warm saline solution, in sufficient quantity to dilute the blood; subsequently maintaining it in that condition by the internal administration of ammonia.

For Chorea.

Bromide of Nickel, in doses of gr. 20, given three or four times daily, has been found useful in cases of chorea. We recollect prescribing sulphate of aniline in two typical cases of chorea in children, some years ago, with marked success; it was administered in grain doses three times a day, with a little sugar. If continued too long it is apt to cause headache, and a cyanosed condition of the lips.

Distribution of Medical Men.

Medical men in Great Britain are increasing much faster than the increase of population. At the close of 1883 there were in the United Kingdom 19,900 qualified practitioners; 1884, 21,381. In London the increase was 12 per cent. during the year, and there is now in that city a doctor for every 880 inhabitants. In England and Wales, exclusive of London, there is one doctor to every 1903 souls; in Scotland one to 1624 and in Ireland one to 2105. Of the great number of young men in England annually pronounced qualified to practice medicine; it is found that a large proportion go abroad, the number so registering in 1884 being 1906; an increase of 26 per cent in two years. There are now over 25,000 medical practitioners who hold Englands certificates practising in the British colonies.

In most places in America we have one physician to about every 500 inhabitants. Yet America is not known as being particularly given to sickness—given to doctors, rather!

Uses of Vinegar.

Common domestic Vinegar has some highly medicinal properties, in addition to its manifold uses in the household. It checks many forms of diarrhœa, especially mucous diarrhœa,

and that attending phthisis and exhausting diseases, and is very useful in dysentery. It arrests the "stomach-aches" and gripings of children. It is frequently employed with great benefit in bleeding from the lungs and stomach, and locally in uterine hemorrhage. It has arrested hemorrhage in all these conditions after ergot and other agents have failed. It stimulates the kidneys and increases perspiration immediately after taking it, though it is recommended for the colliquative sweatings of phthisis. It often relieves obstinate hiccough. It will relieve a person who has partaken too freely of "the cup that cheers and inebriates." Drunken soldiers take vinegar or pickles to enable them to walk steadily into barracks. Locally, it is a useful application when lime has gotten into the eye. It reduces sweating when mixed with water and sponged over the body. Vinegar is often taken to reduce obesity; but its continued use in large quantities excites a catarrhal condition of the mucous coats of the stomach and intestines. Much American vinegar is made from cider and is yellow in color; British vinegar is made from malt and unmalted grain and is of a rich brown color; French vinegar is made from wine, the best from the light varieties, the inferior from the red; its usual color is red. It is obtained by acetous fermentation from above substances, and is an impure dilution of acetic acid. Vinegar is indicated in poisoning by caustic alkalies and lime. Radical vinegar, or glacial acetic acid destroys warts, corns, and condylomata.

Wine-glass doses of vinegar will often promptly relieve "sick-headache."

Nutritive Value of Rice.

About three-tenths of the tilled land of Japan is in the hands of small proprietors, who with their wives and children do all the farm work. There is a considerable proportion of farm laborers, and as the farm laborer is almost a vegetarian, his food does not cost much, consisting chiefly of rice, barley, peas, beans and turnips, with occasional relishes in the shape of eggs and salt fish. Rice is eaten in large quantities, and a coolie, or Japanese laborer, can easily consume 2 lbs. per diem; and as these same men are strong and hearty, and enjoy the best health, rice must not only be nutritious, but to them a most staple and necessary article of food for daily consumption.

CHRONIC COUGHS, of obscure origin, may frequently be found due to collections of impacted wax in one or both ears, and will be relieved by its removal.

Danger of Diphtheria Contagion.

Prof. Jacobi (New York *Med. Journal*) says that many sore throats regarded as trivial, are, in point of fact, diphtheria; especially those known as follicular tonsillitis. What to-day looks like one or more points covering the outlet of ducts, to-morrow may be a continuous membrane. Some mild cases of diphtheria are prolific of danger because they are apt to assume a chronic course without losing contagiousness. The throats of servants, nurses, and others who are in constant contact with the children of a household or school, should be from time to time inspected. There is as much diphtheria out of bed as in it; nearly as much out of doors as in-doors. Diphtheria is contagious, and probably has no spontaneous origin.

[It is a common occurrence for nursery-maids to visit their sick relatives, surreptitiously, being naturally anxious about a brother, sister, or parent, ill of some infectious disease; or when the maid takes her little charges out for a walk, the perambulator may too frequently be seen at the door of some homely dwelling, where the girl has a relative stricken with diphtheria, scarlet fever, typhoid, measles, or some such ailment. Thus a servant girl's "day out" is fraught with hidden dangers to those under her care either through mediate or immediate contact.—ED.]

Tea and Coffee Dangerous.

Both coffee and tea may prove dangerous luxuries, if indulged in too freely, or in too large quantities. A woman took nearly eight ounces of coffee in a quantity of water with the object of procuring abortion. Soon afterwards her mind became confused, there was violent trembling of the limbs, severe dyspnœa, contraction of arteries, violent heart-action, diarrhœa, and great increase of urine of low specific gravity. Again, a gentleman and his family after partaking freely of a strong infusion of green tea were all soon taken with violent vomiting, purging, and severe cramps, and were alarmingly ill for several days. The symptoms in each case slowly subsided under the use of morphia.

For Vaginismus.

Hydrochlorate of cocaine has been employed in vaginismus, by painting a four-per-cent. solution on the vaginal orifice, with the almost immediate effect of removing the irritability and spasm.

Some English Opinions on Alcohol Drinking.

Sir Andrew Clark says that a small quantity of alcoholic liquor, taken with meals, is not injurious; that it acts immediately on the food in the stomach, with which it enters into combination, and is thus deprived of its venomous character. Moreover he says it makes life happier, and renders the individual able to do that which he could not do if he had not taken it.

Dr. Samuel Wilks believes that alcohol soothes a worried nervous system, and, by preventing wear and tear, actually supports the frame. He, however, denounces its use in delicate children and women who feel "low."

Sir William Gull says the constant use of alcohol, even in moderate measure, may injure the nerve-tissue, and be injurious to health; and that many people are injured by drink without being drunkards. Nevertheless he thinks wine is useful under limits, and as a medicine for temporary use.

Dr. Kidd thinks that light wines, in moderation improve digestion by gentle stimulation.

Sir James Risdon Bennett would leave the use of alcohol to a man's instincts; he thinks there is no trustworthy evidence to show to what extent disease may be safely and satisfactorily treated without the aid of alcohol.

Dr. C. D. Radcliffe regards alcohol as a tonic, and considers that it may be taken habitually; that it supports animal heat by supplying easily kindled fuel to the respiratory fire, partly in producing nerve power by furnishing easily assimilable food to nerve tissue, and partly in lessening the necessity for ordinary food by diminishing the waste of the system which has to be repaired by food.

Dr. Alfred Carpenter thinks that alcohol is a powerful medicine for good, in a few instances, in acute disease of a certain type, especially to the total abstainer; but that it is dangerous for those who are upon the borderland of "physiological saturation," or who show signs of atheroma or fatty degeneration. He thinks it very rarely useful in bad digestion. By "physiological saturation" is meant the stage at which the patient has developed fatty degeneration in some of his organs, or has become a drunkard in consequence of change in his nervous system.

Effect of Alcohol on the Arteries.

Dr. Loomis (New York) says a man can take two or three glasses of stimulants through the day as he may feel inclined, and he may continue the habit for perhaps twenty years without any evident harm occurring from it; but when this man reaches that period of life when the vital powers are on the decline, he suddenly feels himself old before his time, for he has all these years been laying the foundation of a chronic endo-arteritis. As a rule, a man is young just in proportion as his arteries are healthy, and old as they are diseased.

For Ring-Worm.

Hyposulphite of Soda lotion (ʒj. or ʒ jss. to the ounce) is one of the most successful applications to ringworm, though in some cases oleate of mercury acts more expeditiously. Oleate of copper is objectionable on account of its brilliant color; moreover, it did not answer expectations under protracted trial at Middlesex Hospital, London. Hairdressers unwittingly propagate ringworm to a considerable extent by using the same brush and comb for different children. The hyposulphite lotion, above mentioned, is especially effective in chloasma.

For Gonorrhœa.

Dr. F. E. Michael (Baltimore) highly recommends the following mixture in gonorrhœa and its vesical complications:

℞ Ol. santal.....
Liq. potassæ.....
Ætheris nit.....
Tinct. cinnamoni .....āā... ʒj ss.
Mucilag. sem. lini..... ʒj iv.
M.—Sig. One dessertspoonful three times a day.

Cause of Death in Anæsthesia.

Death under the administration of chloroform and bichloride of methylene is due to arrest of action of both heart and lungs; death under ether and nitrous oxide occurs through the lungs alone, the hearts action continuing for some time after cessation of respiration. Death from chloroform usually commences at the heart, and is instantaneous; whereas death from ether or nitrous oxide, commencing at the lungs, may often be averted by timely artificial respiration.

Acne, in lymphatic constitutions, is best treated with small repeated doses of sulphide of calcium, about gr. $\frac{1}{10}$ or more ter. die; robust constitutions do better under bromide of arsenic. Ergot in gr. xv. doses is sometimes effectual, as also iodide of potassium or ʒj. doses of glycerine. Locally, an ointment containing sulphur, or a lotion of gr. i of corrosive sublimate in ʒii. of water, are both useful applications.

CLASS-ROOM NOTES.

(*From the "College and Clinical Record."*)

Prof. Parvin remarks that eclampsia is undoubtedly more frequent in recent years.

In the treatment of diabetes mellitus Prof. Da Costa recommends the use of the salicylate of sodium.

In chronic catarrh of the bladder Prof. Bartholow considers eucalyptol as one of the most effective remedies.

Prof. Parvin says, "a nail brush should be as constant an attendant upon a doctor as a Bible is upon a minister."

Prof. Bartholow always prefers to give cod-liver oil and other remedies separately, in order to be sure of the good quality of each.

Prof. Bartholow says that "ether, employed hypodermatically in pneumonia, is one of the greatest advances in the treatment of this affection."

In physiological labor Prof. Parvin considers as the two most important duties of the accoucheur, saving the perineum and removal of the placenta.

Prof. Brinton's treatment of fractured sternum is recumbency and immobilization. It is impossible to reduce it. Projections are never to be sawed off.

In membranous croup Prof. Da Costa uses sulphurated antimony in combination with Dover's powder—of the former, gr. ⅛–¼, and of the latter, gr. ss–j, every two hours.

Prof. Bartholow says that the usually prescribed doses of caffeine are entirely too small to produce the physiological effects of the remedy. In one case he gave as high as gr. xij to a dose.

Prof. Gross formulates the following: "In gangrene, due to changes in the walls of the blood vessels (calcification, etc.) amputate before the line of demarcation forms, as absorption of putrid material is in progress.

In cerebro-spinal meningitis, in which there is a marked febrile tendency, Prof. Bartholow says that gelsemium, in small doses of the fluid extract, is extremely useful. "A uniform physiological effect should be maintained."

In a case of chronic psoriasis of eleven years' duration, and which had during this time baffled all treatment, Prof. DaCosta placed the patient, a young man of 22 years, on Donovan's solution, gtt. x. t. d., to be increased to gtt. xx t. d.; the object being to produce the full physiological action of the remedy.

In Prof. Bartholow's experience, metrorrhagia produced by fibroids or fungous granulations is much more decidedly held in check by diluted sulphuric acid than by ergot; while menorrhagia dependent upon ovarian excitement is generally more quickly relieved by bromide of potassium.

To cut short the paroxysm in whooping-cough, Prof. DaCosta recommends the inhalation of:—

℞ Sodii bromid..... gr. xx
Ext. belladonnæ fluidi..... gtt. ij.
M.—Sig. The spray to be inhaled just prior to occurrence of the paroxysm.

In the interval quinine should be pushed, up to the point of tolerance.

As an application after the removal of a cancerous growth from the uterus, Prof. Parvin advises—

℞ Iodinii.....
Brominii.....āā... ʒ j
Acid. carbolic crystal..... ♃ ss
Alcohol..... ʒ j
M.—Sig. Apply by means of absorbent cotton.

Prof. Bartholow, at the clinic: "As a rule, the criminal classes have an imperfect ear development, especially hereditary criminals. A full, distinct, well developed lobe indicates high mental development." It was noticed that the honored teacher's ear development is very perfect, and the lobule large, thick and full. Q. E. D.

For amenorrhœa dependent upon debility, Prof. Parvin advises the following, speaking very highly of its utility:—

℞ Ferri sulphat. exsiccat..... gr. j
Aloës..... gr. j
Olei terebinthinæ..... ♏
Ft. pil.
M.—Sig. One ter die.

According to Prof. Bartholow, the following, in gonorrhœa, after the acute stage, is efficacious:—

℞ Zinci sulphat.....
Plumbi acetat.....āā... gr. vilj
Ammonii.....
Aluminis .....āā... gr. iv
Aquæ rosæ..... f ʒ j
M.—Sig. As an injection.

Regarding acute dysentery, Prof. DaCosta says the best treatment is ipecac., not to exceed gr. xx every two or three hours, guarded with opium, and he has very remarkable results from this plan. It is especially good in puerperal dysentery, as Prof. Bartholow has pointed out. The opium plan (gr. ss every two hours) is good. Next is Rochelle salts, one ounce in divided doses in the first twenty-four hours, and less thereafter. This does not preclude

the simultaneous use of small doses of opium. Both the ipecac and the saline purgative plans should be abandoned in two days if no change in the condition of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, gr. x—xx every two or three hours. The use of ice water injections three or four times a day was originated by him some years ago; they are very valuable. Sinapisms are useless and blisters harmful.

Some weeks ago a young girl of about 18 years presented herself at Prof. Pancoast's clinic, with an opening in the abdominal walls on the right side, at a point near the middle of a line drawn from the umbilicus to the anterior superior spinous process of the ileum. The history of the case developed the fact that the wound was the result of an injury received some four years ago, and that during this time more or less pus had been discharged through the sinus. The patient having been anæsthetized and the wound slightly enlarged, it was found that the finger could be carried directly into the peritoneal cavity. This was rather an unexpected disclosure, and so antisepsis had not been provided for. Prof. Pancoast found upon a coil of small intestine a hard mass, which, upon removal and examination, proved to be a phosphatic concretion. The intestine was brought up to the mouth of the wound, a few bleeding orifices were secured by some fine black silk ligatures, and after all hemorrhage had ceased, the opening was dressed. The patient bore the operation remarkably well; on the second day a localized peritonitis set in, but this was soon controlled. The wound began to heal rapidly, except at its most dependent part. This occasioned the re-opening of the parts, and another similar concretion was removed. From this time on, the young woman did exceedingly well, the wound healing kindly, and before her discharge from the hospital she was presented to the class, apparently looking none the worse for the operation and her consequent protracted stay in the hospital.

For Removal of Corns.

Corns may be readily removed by rubbing them several times, about every second day for a week, with a stick dipped in the following mixture:

℞	Salicylic acid	grs. 15
	Alcoholic extract of cannabis Indica	grs. 7½
	Alcohol	minims 16
	Ether	minims 40
	Elastic collodion	grs. 75

M.

A warm foot-bath facilitates their subsequent removal.

Dr. Dieulafoy (Paris) treats intermittent fever successfully by repeated hypodermic injections of carbolic acid, commencing with one centigramme (17 minims) of a one-per-cent solution, and gradually increasing up to five centigrammes. Bromide of potassium is also largely employed in Paris for the same disease, a drachm or more being administered in the 24 hours.

Of the 600,000 patients who every year flock to the best London hospitals for treatment, fully one-half are abundantly able to pay for what they receive as charity.

Tubercle-bacilli may be invariably found, sooner or later, in the sputum of patients suffering from tuberculosis, though they may be undiscoverable in the tissues; and the fewer the bacilli found, the more favorable the prognosis.

An ounce of alum, dissolved with gentle heat in five ounces of glycerine, forms a powerful local astringent, and is in many ways superior to tannin. In the chronic pharyngitis of children it is very useful; and diluted with water, it supplies a serviceable gargle, injection or lotion.

The first stage of cancer is quite frequently an inflammatory process, which may pass by almost imperceptible gradation into malignancy. All inflammations are infective; and, when situated in structures known to be prone to cancer, as the mamma, cervix uteri, etc., should be treated watchfully and advisedly.

Mr. Lawson Tait states that the administration of ether has special risks for two classes of patients; those suffering from damaged kidneys, and those prone to bronchitis.

Dr. Wm. B. Atkinson, permanent Secretary of the Amer. Med. Asso., will conduct a special excursion party to New Orleans from this city. Trip will be for twelve days and ticket will include sleeper and hotel car for *entire time*, to avoid doubt as to hotel accommodations. For particulars address the Doctor, 1400 Pine St., this city.

Dr. Leffman, in his report on the chemical analysis of some bologna sausage, refers to the probability of poisoning being induced by the development of alkaloids analogous to strychnia and atropia, in decayed complex

articles of food. The decay of these substances is somewhat different to ordinary putrefaction, and promotes the growth of alkaloids.

IN SYPHILITIC ulceration of the tongue and neighboring parts of the mouth, the following wash may be used two or three times a day with excellent effect:

℞ Hydrargyri perchloridi ..... gr. ii.
Acid. nit. dil..... ♏. xx.
Spir. rect..... ʒ j ss.
Aquæ.....ad... ℥ j.

ALBUMEN in the urine is stated to be invariably present in cases of strangulated hernia in sufficient quantity sometimes even to cause death independently of the rupture. Nothnägel attributes this to diminished intravascular pressure, due to the presence of the hernia.

THE MICROSCOPE is now employed in all English breweries as a means of testing the quality of the yeast. Years ago the brewers used to incur the most disastrous losses, when a few minutes examination of the yeast would have revealed the disease from which it suffered.

IRON should not be given too freely or indiscriminately in anæmia or chlorosis, as it is sometimes apt to become locked up in the liver and cause trouble. Many of these cases do better under small doses of Fowler's solution of arsenic.

CHLORIDE OF IRON, chloride of potassium, and glycerine must not be prescribed together; nor hypophosphite of lime, chlorate of potash, and lactate of iron; nor chromic acid and glycerine; nor chlorate of potash and tannin, or muriate of morphia. These combinations all form explosive mixtures.

Therapeutics of Cephalalgia.

In *nervous headache.*—Bromide of sodium, combined with valerian, is of great service.

℞ Elix. valerian. ammon..... ʒ ii
Sodii bromidi ..... ʒ iv

M.—Sig. One teaspoonful in a wine glass of water until relieved.

In *anæmic hendache,* ʒ ss. doses of sal-volatile, or alcohol judiciously used, are useful; and temporarily, a little cotton dipped in nitrite of amyl, and placed in the nostril. Cod-liver oil and iron to relieve the cause.

In *sick headache,* emetics, when due to gastric disturbances. When due to derangements of the nervous system, citrate of caffeine, gr. i doses every half hour for an hour and a half, to be repeated, after three hours, if necessary.

In *rheumatic headache,* salicylate of soda, gr. v doses every half hour, in aq. menth. pip.

In *neuralgic headache,* ♏ iij of fluid extract of gelsemium, given every half-hour until the eyelids are affected, is of much service. When of malarial origin, quinine should be added to the treatment, or liq. potass. arsenitis, ♏. v., and tinct. belladonnæ, ♏. v., in a suitable menstruum, three times a day.

In *dyspeptic headache,* either mineral acids or alkalies, are indicated, or salicylic acid and bromide of ammonium, according to whether the trouble be of hepatic, gastric or intestinal origin.

"Alcoholic" headaches should be treated by a cathartic, followed by spt. ammon., arom., tinct. capsici, and spt. camph.; and taking care to secure sleep and good nourishing food.

Gouty headache calls for Carlsbad salts and alkalies. The following mixture is useful:

℞ Vin. colchici sem..... ʒ iss
Fl. ext. taraxaci..... ʒ ii

M.—Sig. One drachm three times a day, until laxative results.

—[Prof. A. A. SMITH, New York.

Treatment of Delirium Tremens.

The general rules of treatment in delirium tremens have been well summed up by Laycock:—

1. The patient should be placed in as complete a state of muscular repose as possible; for muscular activity exhausts the nervous system. Should his delirium be of a violent kind, chloroform would be a better and safer remedy than the straight-jacket.

2. All sensational stimuli should be removed, and all emotions as far as possible prevented.

3. Food of a suitable kind should be carefully given from time to time, no alcoholic stimuli of any kind being administered, unless specially indicated.

4. When there is a tendency to diaphoresis it should be encouraged as an eliminatory process.

5. The surface, and especially the feet, should be kept comfortably warm.

6. An experienced nurse should attend the patient.

To these rules we should add, as medicinal measures, the judicious administration of morphia hypodermically, and the following capsi-

cum and chloral combination, which are, I am persuaded, the best means of combating the restless, sleepless irritability whose persistency renders this disease so formidable and dangerous:—

℞ Chloral hydrat..... ℥ ss
Tinct. capsici..... ♏ ss
Aq. menth. pip..... ℥ v ss

M.—Sig. One tablespoonful every two hours, until sleep is induced.

DR. DOANE recommends equal parts of vaseline and turpentine spirit, with a little carbolic acid, as an excellent application for frost-bite. —*Therap. Gazette.*

DR. G. F. BEASLEY finds the best surgical dressing to consist of two ounces of fluid extract of eucalyptus, in six ounces of alcohol. He says it is the simplest and most effective.

WARTS can be remedied by painting them with a mixture of 12 parts of iodine, 48 parts crystals of carbolic acid and 5 parts alcohol. A glass rod should be used.—*Journal de Therapeutique.*

THE FOLLOWING STORY is told of a physician of Dayton, Onio: The Doctor was recently attending a case of labor in the family of one of his patrons, who, though a very excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the child, the father nervously asked: "Doctor, is the baby marked?" "Yes," quietly remarked the Doctor, "it is marked C. O. D!" The bill for that baby was promptly settled.—*Erichsen's Medical Anecdotes.*

For Heart Failure.

"In failure of heart power from exhaustion, loss of blood, or the effect of some toxic depressing agent, with feeble or non-resistant pulse, alcohol in therapeutic doses is indicated, especially in adynamic fevers, so long as it lowers the pulse and reduces the temperature. When the pulse becomes bounding, the skin hot and dry, and the patient restless, the dose should be lessened or omitted for a time."

—[PROF. MADEAU.

DR. CLEVENGER suggests that the assumption of the upright position in the process of evolution has predisposed the human female to prolapsus uteri and similar ailments.

Drinking Milk From Diseased Cows.

Horses and cows in the province of Quebec are reported to be suffering from a disease known as equine variola, which more injuriously affects horses than cows, but possesses special danger in the latter, as is shown by prominent physicians, who state that the children who drink milk from the diseased cows have erup tions closely resembling smallpox.

Small doses of Ipecacuanha for Metrorrhagia.

The twentieth part of a grain of powdered ipecacuanha, taken hourly, has a surprising effect on metrorrhagia, and also in other hemorrhages. Trousseau used to extol this agent, but in much larger doses. Barbeyrac, Gianells, Dalberg, and other well-known foreign physicians agree that the above mentioned dose acts in a most satisfactory manner.

REVUE DE THERAPEUTIQUE.

Improved Coffee.

By making coffee with distilled water instead of ordinary water, the resulting beverage is vastly improved in flavor and aroma. The earthy carbonates of drinking water have a destructive action on the tannin of the berry which the distilled water leaves intact.—*Der Fortschritt*, Geneva.

A Mixed Diet Best.

There will be no "isms" in the future of scientific enlightenment—no teetotalism, no vegetarianism—in short, nothing of specialism in the ordering of a moderate life on natural principles. Obviously, man was made to eat a mixed diet, including both animal and vegetable food. Food is more a matter of climate than anything else. Climate determines development, both as regards demand and supply. Ruskin is right when he makes even the moral character of man depend directly upon his surroundings. We have no sort of sympathy with the "fads" of the day. Our standpoint is the simply and severely rational. Nothing would be gained by rehearsing the stock and familiar arguments of the vegetarians. They one and all contain much of truth, but they one and all err in mistaking the particular for the general. There are, probably, some persons who do nourish their organisms as well with vegetable materials as with animal food; but this we take to be a peculiarity in the individual apparatus and function, not an excellence of quality to glory in and be proud of. It would be better if we could learn to look on

the eccentricities of appetite as abnormal, instead of emulating the fox who, having lost his own tail, went about trying to persuade other creatures of his species to get rid of theirs also. —*British Med. Jour.*

Syphilis.

A discussion is going on among the medical journals on the most feasible method of preventing the spread of syphilis. Nearly every person has a theory on the subject. Their views differ and are as the autumn leaves for number. Licensing houses of prostitution; periodical examination of their residents, and of all the lewd women; and other methods are advocated, but not a word is said about the male prostitutes.

Now we have a theory about syphilis that, if put in practice, would most effectually rid the earth of the disease and its attendant evils. Let every woman, so soon as it be known that she is affected, have the operation of ovariotomy performed on her; and every man, in like circumstances, be castrated. This would prevent the creation of diseased offspring, and in about three generations the disease would be a thing of the past. The remedy is heroic, but syphilis requires exactly that kind of treatment.—*Ind. Phar.*

A Gentle Hint.

The *Boston Beacon* tells a story about a doctor who was recently called to a fashionable lady at 2 o'clock in the morning, and astonished his patient by asking her, after a brief examination, whether she had made her will. He then advised her to send for a lawyer and perhaps also her pastor. "Must I die?" asked the lady. "I am afraid so," was the answer. "How much time do you give me?" asked the lady in despair. "Well," said the doctor, "if you treat your family and yourself as you do now there is no telling what will happen. If you sleep when you ought to and use your judgment you may be good for thirty years more."

A CORRESPONDENT of the *Monthly Magazine of Pharmacy*, writing from Messina, says: "A bottle of bromine left in a closed room all night with the stopper out destroys all infection and insect life. I have cleared places which were infected with vermin many times. It is far more effectual than the vapor of burning sulphur."

A GALENA (ILL.) physician thinks he has found a specific for rheumatism in geranium leaves.

Why Contagious Diseases Attack but Once.

Professor Tyndall thus endeavors to explain the immunity obtained against a second attack of a contagious disease: "One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Small-pox, typhoid or scarlatina, for example, was found as a general rule to occur only once in a lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable disease was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite."

How to Count Rapid Pulse.

When the pulse is very rapid, Prof. Hoadley (Chicago) suggests that every other beat be counted for a minute, and then multiplied by two, which he avers is easily accomplished after a little practice. By placing a watch to to the ear, one can easily demonstrate how easy it is to count every other stroke of the lever, while it is nearly impossible to count them all. —*Western Med. Reporter.*

An Elegant Tooth Wash.

Dissolve a grain each of corrosive sublimate and chloride of ammonium in an ounce of "eau de cologne." A teaspoonful of this in nearly a wineglassful of water forms an excellent antiseptic mouth and tooth wash.—*National Druggist.*

"MUSIC HATH CHARMS."—The *Allgemeine Wiener Medizinische Zeitung* says that the following remedy for tænia is given in a homœopathic hand book of popular medicine. "A musical watch or any other self-playing instrument is placed on a table, against which the patient leans his bare posteriors. The tones of the instrument are thus conveyed into the body. In no very long time, the tapeworm comes out head foremost, makes for the instrument, and coils itself around it. A second person must now drive a sharp nail through the head of the animal and fasten it to the table. After this, the remainder of the tapeworm may be gradually withdrawn from the patient."

ALL BRAINS weighing less than 30 ounces belong to imbeciles.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Obviously it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Bonney.

Therapeutic Value of Colorado's Climate.

(CONCLUDED.)

Editor MEDICAL WORLD:

Since writing the two short articles on the climatology of Colorado for your columns, wherein I alluded to pulmonal troubles only, it occurred to me that a few hints as to the therapeutic value of this climate in nervous disorders might be of some interest. Nervous derangements are often associated with pulmonary affections, and are modified to no small extent by this climate. The nervous force of consumptives is generally lowered, the same as other forces of the organism. Here in Colorado we have an increased electrical condition of the atmosphere, and together with the fact of from one-fifth to one-sixth *less* air pressure than at sea level, makes the air a decided *stimulant* to all the vital processes. We have to breathe here a larger volume of air to get the same amount of oxygen that we would get in a lower altitude while breathing less volume. Hence the respiratory organs are more active, more stimulated, and the circulation of course more rapid. It is a rule, to which I have found no exception, that all persons on their arrival here can sleep sounder, sweeter and longer than ever before in their lives. I know of dozens of persons, more often females, who say that for years they had not enjoyed a full nights *perfect* sleep until they came to Colorado. This fact is a large factor in the treatment of all forms of nervous troubles, more particularly those peculiar to irritable, hysterical females. Almost without exception, the first sensations as described by new comers are, "the air is *so exhilarating;* I am obliged to breath so much deeper; I don't seem to get air enough," etc. The susceptibility of the nervous system here to the change of climate depends much on the character of other diseased conditions, the vital forces, etc. If the diseased condition of the nerves is dependent upon or associated with other dyscrasiæ which the climate here would probably benefit, then will the *nervous* condition proportionately improve. But if the patient has no marked organic disease or well defined cachexia except a pure neurosis, then we may expect the nervousness to be aggravated by a removal to an atmosphere of lessened pressure. Epilepsy, chorea, locomotor ataxia, and kindred ailments, if not aggravated, receive little or no benefit here. A rule may be laid down as follows: The more acute and severe the nervous trouble and the less complicated it is with other morbid conditions, the more aggravating will be the effect of elevation.

Again, in those cases that we so loosely characterize as "nervous exhaustion," produced by excessive mental labor or business cares; where a passive congestion of the vessels of the brain ensues upon the too severe mental activity which is too often the case in this busy world of ours, in these cases we can confidently expect a decided improvement here, which no doubt is materially aided by the change of scene, "camping out" and freedom from worry. In view of the fact that the air of these higher altitudes is decidedly stimulating and highly electrical, we sometimes find that in very sensitive nervous organizations, organizations which were well balanced previous to coming to this altitude, that on arrival here, for a time at least, they are troubled with flying, ill-defined neuralgic pains and aches, accompanied ofttimes with mental uneasiness and distress. Such cases, however, soon become acclimated and no further trouble is noticed. From communications lately received I am led to think that the opinion is quite prevalent that rheumatism in some of its forms is common in Colorado. I hardly think this correct. My observation in this direction is somewhat limited. I have not seen a typical case of acute articular rheumatism in Colorado, and those cases of the chronic forms of the disease that are here, brought it with them from elsewhere.

Of course, almost daily we hear the complaint made of rheumatism in this or that locality, this or that point, etc. With the laity the word "rheumatism" covers a multitude of pains and aches; but I notice that all these cases yield readily to anti-neuralgic treatment. These cases are neuralgic, *not* rheumatic. Let no one fear to come to Colorado on account of rheumatism. He will be none the worse; on the whole those chronically affected in the East will be more or less benefitted in Colorado.

ELMORE PALMER, M.D.

BOULDER, Col., Feb. 16, 1885.

Cure for Gall-Stones.

Editor MEDICAL WORLD:

If Dr. Ladue, of Alburgh Springs, Vermont, will use 20 drops of chloroform, in any convenient vehicle, three times a day, I think he

will cure his case of gall-stones. I had a severe case some years ago, in which I stumbled upon this accidentally. I commenced using the chloroform to relieve the pain, and the formation of the gall-stones ceased almost at once. By one of those coincidences that seem to happen so often to us doctors, I saw it stated somewhere, about the same time, that chloroform was the only known solvent for gall-stones. I have never had but one case since and it yielded in the same prompt manner. At the same time, though, I used alteratives and tonics to correct the depraved functions of the system. I hope the Doctor will try the chloroform, and let us know, through the WORLD, with what success.

HALIFAX, C. H., Va. J. GRAMMER, M.D.

Gastronomic Feats.

Editor MEDICAL WORLD:

DEAR SIR.—In the November WORLD I find an item on glass in the digestive tract. The following may not be interesting to the readers of the WORLD, but in connection with the above, I think it worth recording.

Some twelve years ago, a man now 33 years of age, when on a drunken spree, tossed a wine glass of whiskey, *glass* and all into his mouth, breaking, craunching, chewing and swallowing down the whole thing, with no after effects.

Can any of your numerous readers give an instance to equal the following at eating? A man well known to the writer, now aged 65, in his younger days was what they would call in America a fast young man, but he is staid enough now, and no great eater. He had been indulging freely in drink, but was going to see what he could do at eating. A dish containing nearly twenty pounds of rice cooked in butter was set before him, all of which he quickly consumed. Another dish containing some twenty-five pounds of bread and mutton was also set before him of which he left nothing, in all some *forty-five* pounds of solid food had been taken at one meal.

D. M. B. THOM, M. D.

MARDEN, Turkey-in-Asia, Jan. 12, 1885.

Sulphate of Manganese for Anæmic and Hysterical Girls.

Editor MEDICAL WORLD:

Dear Sir:—Your request for "brief, practical articles" must be very refreshing to every one who has been in the habit of wading through many columns of printed matter, after an idea which might have been expressed in very much less space of time and paper.

After having seen several successive numbers of THE MEDICAL WORLD, I concluded to eliminate two out of the several medical journals which I, like the majority of physicians, am in the habit of taking, and put yours in their stead, for it seems to me that it is calculated to include in its columns all that is worth recording, either of fact or theory.

I wonder if any of your readers have given sulphate of manganese very much of a trial in cases of anæmic and hysterical girls? I have been using it quite extensively of late, in preference to permanganate of potassium, and I consider it far superior in many respects. It makes a most elegant mixture prepared as follows:—

℞ Manganesii sulphas..... ʒ iv
Aquæ .....
Elixir simplicis.....āā... ℥ ij
M.—Sig. One teaspoonful one hour before each meal, in water.

I have found this to be very much superior to any preparation of iron, or combination of iron, I have ever used.

Permanganate of potassium is very disagreeable to the taste, and many object to taking pills, especially hysterical girls who are troubled with amenorrhœa.

I have also found it very valuable used as an injection in leucorrhœa of young girls, the proportion about one drachm to the pint of water.

FLORA S. RUSSELL, M. D.

BOSTON, Mass.

Prolapsus Funis.

Editor MEDICAL WORLD:

Permit me, through the columns of your valuable journal, to report a case under the above caption.

I was called July 11, 1883, at 4 A. M., to attend Mrs. M. M. B., primapara, age 19. Upon examination I found that I had to deal with a case of prolapsus funis, two coils of the cord presenting at the vulva, and measuring in all about two feet in length. On further investigation I discovered the presentation to be pedal. I so informed the family and told them that in all probability the child would be still born, as it was not likely that it could survive such a complication of odds. Cord pulsated feebly at 4.30. I made repeated efforts to reposit the cord, but all to no purpose. In one hour from time of first examination the fœtus was expelled and all my efforts to resuscitate it were futile. I wish to ask, what are the chances in primipara, prolapse of cord and pedal presentation, all combined in the same case? Mrs. and Mr. B. charge me with being responsible and blamable for its death. I want the opinion of th profession.

SANDYVILLE, IOWA, E. J. YAGER.

Treatment for Herpes Preputialis Wanted.

Editor MEDICAL WORLD:

I have three cases that have puzzled me considerably, and which I wish to lay before you and the readers of the WORLD and ask your diagnosis and treatment for a cure. CASE I. Mr. J. B., aet. 28 years, married. In August, 1882, previous to getting married, he had a little illicit love affair with a woman not above suspicion. The next day there was a feeling of soreness about the prepuce, and on examination it was found to be red and inflamed. He thought he had chafed himself. The next day there appeared four little ulcers, three situated on the left and one on the right side of the penis; the base of each ulcer was raised and inflamed, but there was no induration; the floor was a dirty yellow and secreting an abundance of thick, yellow pus, which was irritating and anto-inoculable, causing soreness of the frænum and another ulcer on the glands penis. The sides of the ulcer were sharp and appeared as if they had been punched out. There was considerable swelling and soreness. The case was diagnosed as chancroid, and the treatment was cauterization by strong nitric acid and packing with iodoform. In three weeks the sores were healed. So far the case was simple enough, but about two weeks after the sores had healed there appeared on the prepuce a crop of herpes, which lasted for four or five days, when they healed. Since that time he has been troubled about every two weeks with a breaking out of these herpetic sores and sometimes they are very difficult to heal. Within the last three months the lining membrane back of the corona glandis has become very sensitive and almost every attempt at copulation causes severe chafing and sometimes sets up a sore which lasts two or three weeks.

CASE II. Mr. C. B., aet. 20, unmarried, in the same month of the same year and from the *same* woman as the above case, caught what was supposed to be specific urethritis. The treatment was injections of zinc sulphate with ten minims of balsam copaiba internally three times a day. Cured in about four weeks. Had always remained well until last December, when he was attacked with herpes preputialis, and since that time these attacks have been very troublesome.

CASE III. Miss W. C., aet. 21. Had connection with case No. I. while the original sore was on his penis. A day or two after the connection she felt some smarting and itching about the genitals, and on inspection found an inflamed patch, about the size of a ten cent piece, and on it numerous small elevations which looked like little blisters containing serum, which became thicker and finally ruptured, a thin scab forming. In two or three days the sore disappeared. This was in August; in October she noticed them for the second time, but they did not bother her again until the next summer. Felt them again about Christmas, and they have troubled her so much since that she sought advice from me.

Now here are three cases, all having originated from the one source, but differing materially in their appearance. The first as chancroid, followed by herpes; the second as gonorrhœa followed by herpes; and the third simply as herpes.

I have examined Bumstead, Keyes, Sturgis and other authors, Bryant's, and Druitt's Surgery, etc., but I cannot find in the literature of venereal diseases anything like the above cases.

These cases have never shown any marks of syphilis whatever; no sore throat, no rash, no indurated bubo nor anything to indicate a syphilitic taint.

I have treated them as simple cases of herpes preputialis, using, locally, a wash of zinc sulphate and plumbic acetate, then dusting with a fine powder of bismuth, tannin and calomel. Internally I have given quinine and iron. As this did not seem to benefit I tried calcium sulphide gr. ¼ four times a day.

Is there any venereal disease characterized by herpes? Is herpes preputialis curable? If so, will some of your readers suggest a method of treatment for the above cases? The patients are members of families of good standing in the community, and no suspicion of such a thing is entertained by the people.

PINE BUSH, N. Y. C. G. COOLEY, M.D.

Cure for Carbuncles.—Cough Remedy.

Editor MEDICAL WORLD:

In the February number of THE WORLD, Dr. W. J. Haine asks for a preventive treatment of carbuncles and boils. Doctor, if you will put your patient on 1-10 grain doses of sulphide of calcium in pill or powder form, gradually increasing to ½ grain doses three times daily, I think that you, as well as your patient, will be highly gratified with the result. I have had several cases this winter that I have treated successfully with this remedy alone, and in some very obstinate ones I have alternated the sulphide of calcium with small doses of iodide of arsenic, a complete cure resulting in every instance.

I wish to say that I have been trying Dr. Elmore Palmer's Cough Balsam, recommended in the December WORLD, but regret to say, with unsatisfactory results. Perhaps I have

not used it in the right cases. The following is a formula of my own, which thus far, in my hands, has stood me in good service. I give it for what it may be worth to others:

℞ Fl. ext. stillingiæ.....	ʒj	to ʒij
Tinct. lobeliæ.....	ʒij	to ʒiv
Fl. ext. yerbæ santæ.....	ʒij	to ʒiij
Syr. pruni virginianæ.....		
Syr. tolutan..... āā...ad.		ʒiv

M.—Sig. One teaspoonful three or four times a day.

I have never seen a like combination published. If the patient complains of soreness in the shoulders and chest, I substitute fluid extract of pulmonaria in place of the stillingia. I use Merrill & Co.'s preparations.

R. F. BROWNE, M. D.

MARKESAN, Wis.

Replies to Drs. Bowlen, Parker, Medaris, Palmer, Etc.

E. A. COBLEIGH, M.D., ATHENS, TENN.

Editor MEDICAL WORLD:

In reading the WORLD from month to month I am more and more struck by its resemblance in matters professional to that old fashioned "means of grace" known among the methodists as a class-meeting; where everybody present is expected to get up and publicly give in his experience. And further similarity is shown by the growing popularity, size and the broadening sphere of usefulness of the WORLD, just as of the old sectarian institution in primitive times.

Taking things *seriatim*, I would say to Dr. Bowlen that diagnosis from a distance of a case like his, is manifestly out of the question. The enlarged and hardened cervix uteri, as described by him reminds one strongly of cervical hyperplasia—a condition resembling the cirrhosis of liver, kidney, lung and other tissues, wherein the normal elements of an organ are "throttled and strangulated," as it were, by the pathological increase of fibre and its subsequent contraction, thus producing the hardness. Pain may result from involvement of sensory nerve fibres in the general compression, but is usually only moderate in this process. Yet in many features his case wears the aspect of progressive malignancy, and the failure of remedial measures rather confirms this view despite the contrary opinions of those who have inspected it. Malignancy, recollect, is only the overstepping of certain physiological bounds of cell growth and activity, and not an extraneous entity. And thus benign and malignant symptoms are divided by no arbitrary line save in pronounced cases, but merge insensibly into each other. With this uncertainty of diagnosis in mind, I can only suggest to the Doctor, as not mentioned in his list of already tried remedies, the tentative use of iodoform locally, of hydrochlorate of cocaine for relief of pain, of menthol for the same purpose, of ergotine by hypodermic syringe into the cervix, of hamamelis internally, and of mercurials or salicylic acid in ointments or powder to the diseased part by cotton pessary. Other remedies readily suggest themselves, but the list is long enough.

Now for Dr. Parker. I am with him when he says or insinuates that much needless surgery and antisepsis is now-a-days done merely for *eclat*; but when he facetiously sneers at the occurrence of lacerated perineum outside of fashionable cities and out of the practice of distinguished specialists, he and I clash. Perhaps it is my infernal luck, but I have been unfortunate enough to meet with no small number of cases of ruptures of this character, both in my own practice and in cases attended by other physicians. Most of these were absolutely unavoidable by reason of disparity in size of the canal and of its passing and unyielding contents. Some occurred by quick delivery before aid reached the bedside, some under the necessary use of forceps, some during the very best of guarding of perineal integrity that I am capable of. And I am not a specialist, not a resident of the "city," not on "the sea shore," and reap no glory nor extra profit from these cases. Now I have long made it a rule to measure the perineum during labor before distension by the fœtal head when present in time, and again after complete delivery, and I have found ruptures to some degree much more frequent than I had before supposed. And I have argued the case with fellow practitioners who asseverated emphatically that they never met with cases. Some of these have later admitted to me that on closer attention they found minor rents rather common, while in other instances I have attended women who have been previously delivered by these same men, and on finding old ruptures I have questioned the patients, who would say that they occurred in (probably) a first labor, and they never mentioned it. I *know* that many doctors do not investigate this matter closely, and most women will, especially primiparæ, conceal it from modesty or ignorance. Several times I have had a young lying in patient told by no small number of sympathizing lady visitors, "why, I was torn too in my first labor," and they look on the occurrence rather as a matter of course, though viewing operative relief as somewhat remarkable. Watching these cases I have found not only that lacerations result from the passing head, but, in some quick cases from the shoulders, the elbow, or even the hips, these latter especially enlarging a slight

laceration already began by the head. Most of the rents are slight and of no moment. Many of the graver cases do not give rise to any or only trifling after trouble, even where no cicatricial process subsequently contracts the vulval orifice, and no operative measures are resorted to. Most cases heal reasonably well and contraction or union results. In the very worst cases of the second degree (I never had one penetrating the rectum) I operate at once if nothing stands in the way. I get no extra remuneration for this, and my observation is that more blame than praise follows the accoucheur in many of these cases. So Dr. P. cannot accuse me of any penchant for notoriety or fees in finding this class of practice. My constituents are women of all classes, from the opulent lady to the rugged negress, in town and country, and in a very healthful region at that.

Dr. Medaris, of my own State, seems to me to have a case of true alienation to deal with, of the type known as melancholia, and I do not believe there was more than a co-incidence between its inception and the taking of the overdose of cannabis Indica. As to the sodium bromide, of course it is not *desirable* to give any patient any remedy continuously for long periods, yet in epilepsy the bromides are sometimes given for many years in large doses with apparently only beneficial effects. Prof. Hammond is reported to have said that if he was himself an epileptic he would expect to take bromide of potassium the rest of his natural life. I have seen one patient who took this drug daily for about five years.

Dr. Palmer's obstetrical record seems to me to be phenomenal, or else my own has been so. I have been too busy a practitioner to keep a full record of my midwifery cases, though I started out to do so on beginning practice; but I put it on a *low* estimate when I say that I have attended probably 150 or 200 more cases than the Doctor, and out of the lot, I can call to mind as I write, quite a number of forceps cases (and I do not use them except of necessity); as many more where I afterwards regretted not having used them; half a dozen cases of twins; one of triplets; five cases of prolapsed funis; numerous cases lasting over twenty-four hours; two cases (where I was refused permission to use instruments) where severe labor pains lasted for three days and living children were born; one similar case where forceps were finally required on the fourth day and a dead child was delivered; one where labor began, os dilated as large as a silver dollar, pains ceased and labor was postponed for days at a time on three several occasions in case of a healthy primiparous woman, who finally fared well and bore a very large living child, probably at 9½ or 10 months; five cases of placenta previa in my own practice, and three in consultation; a few cases of eclampsia; cord around neck frequently; one imperforate anus; one imperforate urethra in a boy, and one accluded vulva have fallen to my lot. I have used chloroform often; have had a number of still births; a very few severe cases of post partum hemorrhage, and more of moderate amount; a few of adherent placenta; one of hydro-cephalus; only two of hour-glass contractions, and both not of my own delivery; have had to turn only three times that I now remember; have never had septicæmic puerperal fever to deal with, but have had three cases of phlegmasia dolens; several of inflammatory pelvic complications of confinement, with fever; lost one patient from double milk-leg—a pauper whose relatives let her die of neglect. With this exception, not my fault, for I believe she would have recovered under ordinary environments; I can say with Dr. Palmer, that I "never lost a patient in the puerperal state," "never had a broken breast" among my own adult constituents, though I have treated outside cases and have seen two mammary abscesses in infants. I "always go prepared for emergencies, and make it a practice to give ergot," subsequent to delivery, though not quite invariably. I do not give all my obstetrical troubles herein for lack of space, nor, perhaps, do my figures cover all of each category, but only such as I can readily call to mind now. I believe that I have met an unusually *large* number of complications in *my* practice to the total of cases seen, and that Dr. P. has been fortunate in meeting a remarkably *small* number in *his*. If others respond to his call for experiences, we shall see how this is.

When Dr. Holland asks for a good treatment for hysteria he makes a rather comprehensive request. In some cases, I think, the only curative measure would be to make the patient over again, or, at least, change her sex. If he gets a specific in answer to his request, I wish he would favor me with the formula, for it is something I have longed for, and sought for, for years.

Has Dr. Haine tried the chloride or sulphide of calcium as a measure of prophylaxis in the furuncular diathesis? Treat the carbuncles by multiple hypodermic injections of pure carbolic acid.

Dr. Campbell asks for the earliest recorded surgical operation. He will find the record of a complete anæsthesia, followed by the exsection of a rib, and scientific closure and healing of the wound, in the 20th verse of the second chapter of Genesis, where the operators name is also given. The next record is the 23rd verse of the 17th chapter of the same book.

There is no doubt that crude surgery was coeval with man himself, as in the constant strife of barbarism wounds were common, but we have in profane history no definite details of actual operations performed up to the days of Chiron of Thessaly and Æsculapius.

There are several other points I wanted to touch on, but my thesis has already grown too long and I must desist. I may revert to these various subjects again in a future number of the WORLD.

Curare.

DEAR DOCTOR:—

While on my second expedition in South America, along the banks of the river Zulia, between Columbia and Venezuela, I made the acquaintance of Mr. Juan de Jesus Salas, a gentleman who has passed the major portion of his life in the midst of the forest, and a true observer of nature. I obtained from him the following information respecting "Curare."

The Indians of that region (Maracaibo) gave the name of curare to a preparation which they made from certain plants to act as a preservative from and antidote to the bites and stings of snakes and venomous insects; also against certain fevers, and as a hæmostatic for either internal or external hemorrhages. Mr. Salas has unbounded proof of its efficacy in many of these cases, both of his own knowledge, and from the testimony of many eminent physicians, the resident ex-minister and consul general of Great Britain, Dr. Carbonell, resident hospital physician, and many others. The latter gentleman testifies to one typical case of its antidotal powers: A young man was bitten by two venomous snakes, and soon developed most grave symptoms; epistaxis and hæmatemesis, bleeding from the ears, intense anxiety, pain in the precordial region, irregular intermittent pulse, etc. Altogether his condition was critical. One hour and a half after the bites the wounds were incised and washed with curare; six hypodermatic injections of the same were administered, three fluid grammes every half-hour, also a tablespoonful of curare by mouth (which last, however, was rejected). In five hours from the initiation of this treatment, all vomiting and hemorrhage had ceased (except the capillary bleeding from the points of insertion of the needle). On the following day the pulse was 80, irregular and depressed; temperature, 37½, centigrade (98½ Fahrenheit); there was violent pain in the region of the bites (palm of the right hand) and glands of the axilla of the same side, with great swelling of the arm and forearm, but no redness. These remaining symptoms gradually subsided, and eventually the patient made a complete recovery. Its trial is suggested in yellow and bilious fevers, and in diseases attended with hæmorrhages, and in tetanus hydrophobia and strychnine-poisoning. Curare is said to cure paludal, or malarial fevers within about eight days, without any of the inconveniences attendant on the use of quinine.

You can obtain much information as to doses, preparation, properties, etc., of curare by addressing yourself to my friends, the agents of Mr. Salas, Messrs. Wesnewski, Jurgens & Co., Pharmacists, San Jose de Cucuta, Estado de Santander, Colombia.

Yours very sincerely,

128 S. 15th st., Phila. HECTOR THOMAS.

[NOTE.—It must be remembered that curare from different parts of South America, and made by different tribes, differs considerably in quality and strength. It is usually recommended to be given in from 1–10 to ½ grain doses, with caution.—EDS.]

Indian and Mexican Remedies.

Herbs of New Mexico and their Medicinal Value.

BY DR. LOUIS EMMELHEINZ, LAS VEGAS, NEW MEXICO.

BARBASCO (*A Species of Croton.*). A Substitute for Quinine

Editor MEDICAL WORLD:

This annual plant is found in New Mexico and Arizona, on low, rich soil, especially in canons. It produces erect, branching stems, three to five feet high, and has long-oval, pointed, veined leaves, upon petioles, one to two inches long, of a dull green color. The flowers are in compound umbels. The calix is very small, divided into four segments of a greenish-yellow color. The corolla is cruciated and consists of four dirty-whitish very small petals. The filaments and anthers are very short. Barbasco blooms in August and September and is best gathered in September.

It contains some volatile oil, resin, tannin, and an active principle resembling cascarillin, which I call Barbascin.

It is very odorous, almost offensive in bulk, resembling very much the smell of a he-goat; its taste is warm, aromatic, slightly bitter, and the fluid extract causes a little dryness in the throat if taken undiluted.

Barbasco is a very valuable remedy in inter-

mittent and remittent fevers. The pulse rate falls under its influence, and, as a consequence, the temperature. No head symptoms are manifested, as from the use of quinine. It gives one to two painless motions of the bowels if given in small quantities, but acts as a very drastic purge in large doses, producing intense griping. The fluid extract is prepared by taking 16 oz. of the herb, moistening it with a sufficient quantity of menstruum, consisting of equal quantities of glycerine and water, and double the quantity of alcohol (95 per cent.). It is then packed firmly into a percolator and kept 48 hours in a moderately warm place, after which the percolation is started and kept up with alcohol until 26 oz. have been obtained. The first 10 oz. are reserved and the last 16 oz. are evaporated, after adding 4 oz. of glycerine to 6 oz., when they are mixed with the reserved portion. The dose of the fluid extract is 10 to 20 drops in a tablespoonful of water every two to six hours, as necessary.

I have derived great benefit from its use. It will effectually supersede quinine, as it has all the good properties of the same without its bad ones. Besides it is much cheaper.

Ergot for Pneumonia.

Editor MEDICAL WORLD:

In Feb. number of THE WORLD I notice a short discussion on the treatment of pneumonia by large doses of calomel, etc. Now only a *word* upon this important subject at present, but that I must say—I should feel condemned if I did not say it. Without any comments upon the calomel treatment, I want to urge upon my professional friends the supreme power of ergot over pneumonitis, especially the fibrinous form—that most frequently met with. It is not a new treatment in this State. It has been discussed time and again, and all sorts of arguments urged against it in common with all new remedies, in our State and County medical societies, and it has rapidly gained ground until now by a great many it is regarded as a specific. This is my own position, that is, so near as any remedy can be. I have just seen its remarkable effects in, I presume, the 100th case in which I have used it. Child 4 years old was taken ill Tuesday. I saw it Thursday eve. The lung was nearly solid. I prescribed 15 drops fluid extract of ergot every hour in syrup of tolu. Next morning on examination I found the lung completely solidified, not a bit of air, so far as could be discovered, entered the air cells. The dry tubular whistle was plainly heard all over the lung. I was disappointed. I looked at the bottle and found it had been procured from a questionable drug store. I ordered a fresh supply of *Squibb's* fluid extract from a reliable store. That night a change was perceptible. The next morning the upper part was nearly clear, and by Sunday evening there was no sign of pneumonia, and the little boy was sitting up, looking bright and cheerful. In six days from the initial chill he was running about the house as if nothing had happened. This is not idle talk, gentlemen. It is solemn, earnest fact. And for suffering humanity's sake try it, and dispense with the calomel, aconite, verat. virid., opium, carbonate of ammonia and everything else until you have given it a thorough trial. When given a case, set about deliberately to bring about ergot poisoning, and before you have secured the first symptom of that condition your pneumonia will be entirely cured. These are strong terms, I know, but I make the statements with the utmost confidence in the remedy to bear me out in them. Any questions in regard to the ergot treatment I shall be only too glad to answer.

NEW RICHMOND, WIS. F. W. EPEN, M.D.

Obstetrical Experience, Etc.

Editor MEDICAL WORLD:

I have read with much interest the articles in the February WORLD contributed by Dr. Palmer and Dr. Parker. In a practice of four years among hardy Irish women in a Pennsylvania mining town I met, with the exception of rupture of the perinæum, with all of the obstetric accidents and unpleasantnesses which Dr. Palmer has so happily escaped. I kept no obstetric record and write only from memory. I think that in the whole four years there were not more than 200 confinements, but even this limited number gave me experience in all the ugly cases that can occur in midwifery, excepting extra-uterine pregnancy and ruptured perinæum. Happily, however, but one mother died, and that a case to which I was only assistant attendant.

My case of placenta previa was, I think, of sufficient interest to warrant publication.—Hemorrhage was so profuse and recurring that premature delivery had to be resorted to at the end of the seventh month. This was accomplished by warm irrigation, tampons, digital and manual dilation of the os and turning; using no anæsthetic, being fearful of fatal syncope. Notwithstanding that the delivery was *very* easily accomplished and that the vagina and pelvis were roomy and my finger nails *most carefully pared*, the posterior wall of the vagina was torn for at least two inches, and a fold of the ileum protruded. This was promptly returned; the patient was not informed of the

accident, but kept very quite and carefully looked after for a fortnight, and when her recovery was complete; and a year afterward she had a perfectly natural and easy accouchement. The child lived for three weeks and died of inanition, being unable to properly suckle or swallow. Others of my cases were equally interesting, but I fear you would not permit me to further encroach upon your space.

If any of your readers take the New York *Medical Journal* I would like to call their attention to an article in December number, 1883, on "A Case of Sloughing, Irreducible Hernia; Spontaneous Recovery;" for the truth of which I can vouch, having been consulting physician. I have a few extra copies of that number, which I would be pleased to mail to any one particularly interested in such cases.

I have taken the WORLD but a short time, but cannot refrain from saying that I think it the most useful and practical medical journal on my table, from the *London Lancet* down—or up, as you like it. Its contributors seem to be none of the la-da-da, tony, fashionable city specialists, who about half the time do not themselves understand what they are writing about, sadly afflicted by the distressing *cacoathes scribendi*, and holding in supreme contempt the common country doctor—the representative of that by far larger and more generally useful class of the body medical.

Could not Dr. Thom's "Perplexing Case" have been one of double conception with abortion of one ovum and full development of the other? I once had a similar case which I could explain in no other way.

If Dr. G. W. Fertich wishes to use salicylic acid in rheumatism he will do well to combine with potash, thus:

℞	Acidi salicylici.....	ʒ iij
	Potass. bicarb.....	ʒ vj
	Aquæ.....	ʒ ij

Mix and allow to effervesce. Sig. Teaspoonful every three hours.

E. J. WESTFALL.

TOTTENVILLE, N. Y.

Replies to Drs. Palmer and Bowlen.

Editor MEDICAL WORLD:

I think the obstetrical record of our friend, Dr. Elmore Palmer, a very remarkable one. I know of absolutely no one whose record will compare with his.

My own is about this: Out of about 100 cases there were six still births; one woman died three hours after delivery, of a complication which began three years previous, and I had no opportunity with her until her child died, ten days or so before delivery; two applications of forceps, two adherent placentæ, two cases of severe flowing, one breech presentation (still born), one shoulder presentation (turned and delivered, also still born) one pair of twins, one dead about two or three weeks; was called in council in a case of placenta previa (turned and delivered), and in a case of shoulder presentation (turned and delivered). Not having kept a full record of all my cases, I only give what I recall; but all these *did* occur.

I would suggest to Dr. G. W. Bowlen the following:—

℞	Hydrarg. chloridi corros.....	grs. ij
	Fl ex. taraxaci	ʒ ij
	Aq. camphoræ.....	ʒ iij
	Aq. cinnam.....q. s...	ʒ viij

M.—Sig. Dessertspoonful three times daily.

If this does not keep the bowels free, use sufficient laxatives to cause at least two evacuations daily. Also, tr. nucis vom., gtij.; ferri sulph. gr. j., before each meal until she has a good appetite, or for two or three weeks, and local injections three times daily of just as hot water as she can bear, after which, at least at night on retiring,

℞	Tr. belladonnæ.....	ʒ ss
	Chloroformi.....	ʒ j
	Tr. aconiti	ʒ ss
	Ol. olivæ.....	ʒ ij
	Spt. vini Gallici.....q. s....	ʒ ij

M.—Sig. Apply on cotton to cervix by pushing into cervix if possible, and leaving over night.

On no account use irritants.

D. F. BURTON, M. D.

EAGLE GROVE, Iowa.

Uncontrollable Vomiting in Pregnancy, Necessitating Induction of Premature Labor: Recovery.

Editor MEDICAL WORLD:

Mrs. F., multipara, aged 40, a robust, fleshy woman, became pregnant about December 14, 1883; last saw menses on the 2nd of that month. Began to complain of her stomach in February, 1884. Bowels constantly regular. Was treated with the usual remedies; prussic acid with columbo, pepsin with bismuth, lacto peptine, ingluvin, etc. Of course, these remedies were given in succession; one prescription failing, another was tried, until the 6th of August, 1884. Her condition then became alarming; great prostration, feeble pulse, unable to take even a sup of water without vomiting, or to raise her head without fainting.

August 6th, 1884, I told the family that she could not possibly live a week longer unless relieved; that the only remedy left was to empty the uterus, and that if we awaited further

trial of medicines, she would get so weak that she would die in the operation. They consented to the operation.

August 5th, 9 A. M.—Placed the patient across her bed, hips well over edge of bed, feet resting on chairs, rubber underneath patient leading into a large tub on floor. Examination revealed a lacerated perineum, involving sphincter ani, which had occurred in a former labor; os uteri low down in pelvic cavity, child's head resting in an easily distensible cervix, was also very low in the cavity. Using carbolized oil, I introduced the index finger of each hand into the os and began dilatation, and was extremely pleased to notice a labor pain following the act. I persevered in dilating with fingers every fifteen minutes until 11.30 A. M., when labor was fully established. The first stage of labor was ended at 12.30 M. Owing to the patient's prostration she was unable, unaided, to perform the second stage, and as the head did not advance favorably, at 1.30 I applied forceps, and using slight traction force, delivered the child at 2 P. M. The third stage ended nicely. I then gave the patient a full dose of ergot, brandy and milk, which she retained with little difficulty. I then ordered bismuth before nourishment, and lactopeptine in milk, port wine, beef-juice, etc., Called to see her on August 7th; patient had micturated freely, and retained her nourishment well; ordered castor oil on morning of the 9th. August 9th, visited patient, had had a motion from bowels, and began to show marked improvement in condition; ordered small amount of solid food to be given regularly daily. Her recovery was uninterrupted from this date.

Remarks. This was an exceptional case, as induction of premature labor for uncontrolable vomiting at eighth month of pregnancy is quite rare. I am at a loss to explain the cause of vomiting in this case, unless I ascribe it to the child in utero, at a low level, exerting pressure, or irritating the sympathetic nervous system, resulting wholly in morbid action of the stomach. However, I am happy to state that the end justified the means used.

The child at birth weighed 6 lbs.; to-day, February 14th, 1885, he weighs 22lbs., being 6 months and 8 days old. Please sign,

NEW BRUNSWICK. OAK HILL.

More Obstetrical Experience.

Editor MEDICAL WORLD:

I was very much surprised at the good luck of Dr. Palmer, as given in the February WORLD. Forty years ago I came here. It was then a new and wild country; no roads, the tall prairie grass growing every where. And when I went to see a patient, I went by taking a straight course until I could see the little log cabin where I was wanted. The fourth case of obstetrics I was called to, a midwife had been in attendence three days. She greeted me with: "Mr. Doctor, they say you have baby tongs that you pull babies out with when they wont come." I had a pair of Hodges forceps and was very proud of them. After some trouble I got them applied and pulled the woman down in the bed by them, but the head would not move. So here was a craniotomy case and no craniotomy instruments in the county. They had a good sized pair of scissors in the house. I opened the head with them. I then commenced breaking up the skull with a pair of common straight tooth forceps and bringing it away a piece at a time, and in two hours I got it so small that I pulled it through with the blunt hook of my forceps and saved the woman's life. This was her first child. She had five children after that; all of them I had to deliver with the forceps. I performed craniotomy in the same way in three other cases in other doctor's practices. As soon as I was able I bought Dr. Meig's craniotomy instruments and have used them ever since. In performing this operation we are directed to break a piece of skull and bring it away, and then another, and so on. But if you do that you must pass up the left hand and surround the piece of bone with your fingers before you draw it out or you will cut or scratch the swollen and puffy vagina. The way I have done for many years is to break the skull and turn the piece over in the empty head, and then another, and keep breaking it and turning in until the head is small enough to be pulled through without much force. By that means you have the soft scalp to cover the ragged edges of the bones and not hurt the woman.

B. F. DUNKLEY, M.D.

SIEGEL, Mo.

An Explanation Offered.

Editor MEDICAL WORLD:

In your February number the letter of Samuel J. Parker, of Ithaca, reminds me that several times it has happened in your interesting journal, that physicians residing in country places have expressed their surprise at the difference between their practice and that of city physicians in the matter of the necessity for the use of antiseptics. Those out of the large cities seem to think the town doctors have fancy notions about antiseptic precautions, and doubtless they are at times carried to an ab-

surd extent. But there is actually a difference between town and country practice in the nature of things, and by this I mean that the atmospheric, or bacterial conditions are different. M. P. Miguel, in his book upon "The Living Organisms of the Atmosphere," Paris, 1883, which is reviewed in *Science* of April 25, 1884, shows that the number of spores per cubic metre of air varies greatly according to the season and locality. He found that the air of a house in Paris was sixteen times as impure (according to the number of spores) as that of Mount Souris Park; the air of hospitals was worse than that of ordinary houses, but in the ordinary dust of houses he found that each gram contained about 750,000 spores.

Many years ago I was making a special study of the preservation of dead bodies by antiseptic means, other than freezing, and I frequently had the opportunity of hearing the undertakers of city and country compare their experiences, and many a time have I heard those of rural places say that they only found it necessary to thoroughly cleanse the body externally and internally in order to keep it many days for a funeral. We must doubtless allow something for varying conditions of moisture and electricity, but it is also a fact that the less trouble of the out-of-town undertaker is because there are proportionately a great many less enemies in the form of atmospheric spores to contend against.

It is therefore easy to understand why in crowded cities and hospitals surgeons should discover the value of antiseptic precautions, which in good, clean country houses would actually be an unnecessary trouble.

NEW YORK CITY. LOUIS COHN, M.D.

Mustang Liniment.—Ayer's Cherry Pectoral.—Remedies for Dyspnœa, Cystitis, Opium Habit, etc.

Editor MEDICAL WORLD:

I would say that the recipe for mustang liniment is—

℞ Petroleum.....
Ammonia water.....
Brandy.....of each...equal parts.
Mix.

The recipe you give in January WORLD, not only, as you say, closely resembles Ayer's Cherry Pectoral, but *is* the genuine recipe for that preparation.

The following will relieve dyspnœa from *any* cause:

℞ Tr. quebracho..... gtt. xv
Aquæ pura..... ʒ iv
M.—Sig. One teaspoonful every hour or hour and a half.

The most aggravated case of cystitis will be immediately relieved by from two to four-grain doses of carbonate of lithia, fifteen minutes apart. It is also an excellent remedy for irritation along the urethra, or tenderness of prostate gland.

Babies are often troubled with retention of urine, by accumulation of uric acid. In such cases mix two grains of boro-citrate of magnesia in four ounces of water, and give one teaspoonful every fifteen minutes, for an hour, and then once an hour. This gives relief, the urine being passed readily.

For the cure of the opium habit an infusion of crushed oats is a certain remedy if persisted in. A half-cupful of the infusion should be drank four times a day.

For a purulent discharge from the rectum or uterus, give two-grain doses every two hours of calcarea silicata, prepared in the sixth homœopathic trituration.

I would say that tincture of quebracho has never failed me in dyspnœa, even when caused by heart trouble.

W. W. GLEASON, M.D.
PROVINCETOWN, Mass.

Treatment Wanted.

Editor MEDICAL WORLD:

Dear Sir:—Can you, or any of the readers of THE WORLD, give me a treatment that is likely to benefit a lady patient of mine, aged 50 years, who has lost her sexual desire, the act of coition having no pleasuarable sensation to her?

I have given her quinine, iron and strychnia, and her general health seems to be good. She has gained twenty pounds during the last year. She is the mother of eight or ten children.

I had thought of trying quinine, iron, strychnia and phosphorus in pills, and I do not know but what a little cantharides might be beneficial. Respectfully,

F. S. NEVLING, M.D.
CLEARFIELD, Pa.

[We suggested by private mail, three or four pills daily, each composed as follows:

℞ Ext. damianæ..... grs. ij
Phosphori..... gr. 1-100.
Ext. nucis vom..... gr. ⅛
M.

The result of this treatment has not yet been reported.

Considering the age of the patient, and the fact that she has borne eight or ten children, it hardly seems strange that the sexual feeling is disappearing.—ED.]

Reply to Dr. Bowlen.

Editor MEDICAL WORLD:

I am very much pleased with THE MEDICAL WORLD, and value the Chart, "The Urine in Disease" very highly. I desire to reply to Dr. Bowlen's appeal on page 58 of your Febary number. I am afraid the doctor is on the wrong track. The constant application of such irritants as he mentions must certainly have a tendency to produce an enlarged condition of the womb, especially if the disease is non-malignant.

Leave the poor abused (?) thing alone for a little while and turn your attention to the general condition of the patient. Look at her carefully once more for the cause of, and select a remedy for, her constipation, her scanty, loaded and high-colored urine, headache and nervous depression, etc. What can a weak stomach like hers do with cod liver oil? Reject it, I fancy. If she is suffering from the effects of mercury, the following will soon relieve that condition:

℞ Potass. bichrom..... gr. j
Aquæ destil..... ℥ iv

Misce et ad. aq. ammon. q.s. to render the solution slightly alkaline. Sig. One drachm four times a day.

As a tonic and eliminative in this case I would suggest—

℞ Fl. ex. corn silk..... ℥ ij
Fl. ex. nux vom..... gtt. xvi.
Fowler's solution..... gtt. x
Fl. ex. cascara..... ℥ j
Simp. elixir.....ad... ℥ iv

Ft. mist.—Sig. Two drachms in a little water, an hour after eating, three times a day.

Give her every alternate day, towards night, moderate central galvanization; put the positive pole between the shoulders and the negative pole over the stomach; and ten minutes moderate faradization—positive between the shoulders and negative in a vessel of warm water in which the feet are immersed. Other modes of treatment will suggest themselves, as positive over the abdomen and negative about the lumbar region will greatly relieve the pain in the womb, I think, unless it is caused by atresia or stenosis. As an application I find a mixture of equal parts of fluid extract of eucalyptus and glycerine very useful and soothing to an inflamed part, especially the neck of the womb. If the the doctor considers my suggestions of any value I would be glad to hear from him.

M. B. KETCHUM.

PALO PINTO, Texas, Feb. 15, 1885.

Local Treatment for Dr. Bowlen's Case.

Editor MEDICAL WORLD:

Dr. Bowlen's article in February number of THE WORLD, asking a remedy for his case of "inflammation of the os and cervix uteri," shows that his mind is in a somewhat doubtful state as regards a correct diagnosis; and from the paucity of symptoms given in his article—nothing being said of family history, and whether or no she be multiparous—we too are also in the dark and would not venture a diagnosis. However, from the few symptoms he has given, we would recommend him to use iodoform locally, dusting the powder freely on the diseased structure. It will relieve the pain, and have a tendency to reduce the swelling, besides correcting offensive discharges if there be any. I regard this drug as possessing valuable properties, and its free use by the profession as a topical application in cervical diseases is only prevented by its strong odor, and its tendency to produce systemic toxic effects when freely applied to a large denuded surface. It has a three fold action: 1st as a powerful local anæsthetic; 2nd, it has the resolvent action of iodine; 3rd, it acts as a valuable disinfectant. I would also advise the free use of glycerine, applied to the cervix on pledgets of absorbent cotton. Its use will be followed by a copious watery discharge, depleting the organ, thereby lessening the congestion and weight. The above would be my (local) treatment for the Doctor's case—judging from the little light he has given us in the way of physical signs, symptoms, etc. If the Doctor wishes to try the most modern local anæsthetic, he might try the effects of the hydrochlorate of cocaine applied with a camel's hair pencil, (4 per cent. solution). Though I should want to be assured that my patient was a paying one, especially if the case was to be protracted and required frequent application of the remedy.

COHOCTON, N. Y. THOS. B. FOWLER.

Salicylic Acid in Rheumatism.

Editor MEDICAL WORLD:

I notice in February number, Dr. G. W. Fertich, of Dunkirk, Ind., asks for "a formula for salicylic acid in treating rheumatism." I have for a number of years been using the following with good success:

℞ Acidi salicyl..... ʒ iij
Sodæ bicarb..... ʒ ij
Potass. carb..... ʒ j
Glycerini..... ʒ ij
Aquæ.....q. s. ad... ʒ vj

M.—Sig. Tablespoonful every two hours in severe acute cases; those less severe, every three hours.

W. M. CAMPBELL, M.D.

MINNEAPOLIS, Kansas.

Chill Remedy.

EDITOR MEDICAL WORLD:

I send you a formula for an anti-malarial mixture which I have been using for several years, and which I consider *par excellence* in the way of a chill remedy. If you think it worth the room in your excellent journal you may insert it.

℞ Sulph. quiniæ..... ℥ j
Spt. ætheris nitrosi.....
Tr. mur. ferri.....āā... ℥ ss
Acidi nitro-muriat.....
Tr. nucis vom.....āā... ℥ ij
Aq. cinnamomi.....q. s. ad... ℥ vj

M.—Sig. One to two teaspoonfuls, largely diluted with water, three times a day just after meals.

R. F. HORRELL, M.D.

SPARTA, La.

Malarial Hæmaturia—Palmer's Cough Balsam.—Ipecac in Labor.

Editor MEDICAL WORLD:

A somewhat peculiar case has just come under my observation, which I will report, thinking that it might perhaps be of some interest to the readers of the WORLD.

On the 15th of January I was called to see Mr. M. R., a farmer, aet. about 34 years and unmarried. This young man had enjoyed comparatively good health all his life up to September, 1884, when he began having the chills, which continued to return at intervals of from one to three weeks after breaking up the attack with sulphate of quinia, until I was called to see him as above stated. He had taken sick the day before my visit and had been vomiting all night incessantly. Had vomited up some little blood and informed me that his urine was quite bloody; an examination of which fully corroborated his statement. Had two vessels been placed side by side, one containing his urine and the other venous blood, but little difference would have been noticed by looking at the two, except that the urine would have been found to be a little darker. Something more than the normal quantity was passed in the twenty four hours. The thermometer in the axilla showed his temperature to be 102° at 10 A. M.; pulse 120 to 130. Icterus well marked, skin almost a buff colour; tongue heavily coated, except around the edges, and broad and flabby, the teeth making indentures in it wherever it chanced to rest upon them; bowels slightly constipated. There was no history of any urethral inflammation nor evidence of calculi. He had not recently received any strain by lifting or otherwise. Hence by exclusion I diagnosed the hemorrhage to be renal. He complained of no pain whatever.

I directed a laxative and fl. ext. of ergot, 20 minims every three hours, with about one eighth of a grain of morphia in each dose to counteract the nauseating effect of the ergot, with instructions for it to be withdrawn should the vomiting continue. And I also directed quinine to be given freely as soon as the fever subsided sufficiently. But the stomach would tolerate nothing. He vomited all night again and on the 16th there was no apparent change in the patient's condition. On the 17th, still no change, and Dr. B. was called in consultation. He advised a large blister applied over the stomach and tinct. mur. iron, 10 minims every three hours, and quinine, if the stomach would bear it, but it would not.

Blood issued from the blistered surface over the stomach. The morning of the 18th found the patient no better, except that he had not vomited quite so much during the night; but the hemorrhage continued the same, and he was now so weak that he could not raise his head off the pillow. Discontinued the tinct. iron and directed:

℞ Acidi gallici..... ℥ j
Aquæ..... ℥ iv

M.—Sig. Tablespoonful every four or five hours.

The pulse was now 120 and temperature below normal, and patient in a semi-comotose state; at times talking incoherently. Sordes thickly accumulated around the teeth and in the roof of the mouth. Picking at the bed clothes and nose also present. It now seemed to be developing into a low typhoid form. On the 19th the hemorrhage ceased and the urine became clear, but it was evident that he was gradually sinking. I now put him on beef tea and whiskey. The pulse was still 120 and the temperature below normal. He remained in very much the same condition until about 5 P. M. on the 23rd, when he requested his attendants to turn him over in bed, and before they had succeeded in doing so he died suddenly without a struggle. I did not mention all the remedies used in this case, my object being more particularly to call attention to the copiousness and persistency of the hæmaturia and emesis, as also the sudden death of the patient. Would be pleased to hear from any physician who has had experience with such cases.

I have tried Dr. Palmer's cough balsam in two cases with good results.

Quite recently I was called to see a Mrs. V. at seven o'clock in the morning. She had been in labor since 1 o'clock that morning. Pains regular and seemingly hard enough, but there was not that regular and firm contraction of the uterus so characteristic of a good labor. Os dilated to the size of a silver dollar and rigid. Patient restless and fidgety. Gave a dose

or two of morphia to quiet her. After two hours there was no change or progress in the labor. Gave bromide of potash 20 grn. about every hour until 11 o'clock. Tried external manipulation, or kneading the womb, all to no purpose, she having as yet made no progress whatever. I now gave her ten grs. of powdered ipecac and repeated the dose in thirty minutes. It made her terribly sick and completely relaxed her; but it was truly marvelous how quickly that uterus got to business, and by 1 o'clock P. M. her baby, which was a ten and a half pound girl, was born.

MOSELLE, Mo. W. A. FISHER, M.D.

Balsam Copaiba in Membranous Croup.

Editor MEDICAL WORLD:

Not long since I heard a brother practitioner extolling the above drug in this disease. He claims to give it in enormous doses (ʒss to ʒj) oft repeated. Will anyone explain its action in this disease? Can it be of any benefit? Would anyone be warranted in exhibiting it in this affection? From what I know and can read of its physiological effects, I say no. What say the brethren? Signed,

NEW YORK. DOUBTER.

An Amusing Incident.

Editor MEDICAL WORLD:

I thought an incident that happened in my practice within the last few weeks would be amusing, if not instructive to the profession.

About the middle of January, an old German by the name of Numsen, called at my office for treatment for a foul, ill-conditioned ulcer on the leg. I prescribed carbolic acid, ½ oz. in 1 qt. of water; bathe the ulcer twice daily. The druggist, Mr. W. L. Leland, who filled the prescription attached to the bottle the customary poison label, which reads as follows:

Carbolic Acid.

POISON.

ANTIDOTE.—Emetic made by mixing one tablespoonful of mustard in warm water, or grease in warm water. Afterwards, whisky or other stimulants.

W. L. LELAND, GOOD LUCK DRUG STORE, CALLIOPE, IA.

In about two weeks the patient, who lives with his not overwise son-in-law, sent the bottle back by the son-in-law to be refilled. When it was presented the following conversation ensued.

Son-in-law—"I want a pint of fiskey."

Mr. L.—"We don't sell it. What do you want it for?"

Son-in-Law.—"Vell I guess it don't make some difference. Vat you dinks about dot?"

Mr. L.—"What do you want it for?"

Son-in-Law.—"Vi, Dr. Quigley's directions said to use it."

Mr. L.—"No, you must be mistaken; for the directions don't mention it.

Son-in-law.—Pointing to the antidote on the label. "You read dot."

Mr. L.—"Did you do as this reads?"

Son-in-Law.—"Yaw! ve gif him de grease and the mustard, but don't haf de fiskey."

Mr. L.—"I should have thought it would have made him vomit."

Son-in-law.—"Yaw, it make him womit purty goot; but ve don't haf de fiskey to gif him."

Mr. L.—"How often did you give him the mustard and the grease?"

Son-in-law.—"Every time we vash de leg, two dimes a day!"

W. A. QUIGLEY, M. D.

CALLIOPE, Iowa.

[It will be remembered that Iowa has a very strict liquor law. In many places, Philadelphia for example, the son-in-law could have obtained the whiskey without the above amusing explanation. ED.]

The Physician as Seen by the Public.

BY SAMUEL S. WALLIAN, M.D., BLOOMINGDALE, N. Y.

Editor MEDICAL WORLD:

I am glad Dr. Putnam has paved the way for a little professional ventilation on this point. "De gustibus non est disputandum." Hence I need not apologize if in your large and evidently growing family I prove one of the minority.

Referring by member to the questions formulated by Dr. P. I will venture to speak my mind without reserve or evasion.

1. No; first, last and always. What right has a physician to approach the bedside of a delicate and perhaps hyper-sensitive patient with his breath and clothing reeking with the odor of tobacco? Putting aside all discussion as to the evils charged against the use of the weed as regards the user himself, no man, much less a physician, has the moral or social right to compel his patrons to endure disagreeable and sometimes seriously distressing odors, while in his presence? A majority of physicians smoke, or chew, or *both;* many indulging to

brutal excess in this direction; hence, I shall certainly find myself in a hopeless minority in this reply. Perhaps not entirely hopeless, for I trust the time is not far off when *clean habits* will be one of the prerequisites for graduation as an M.D.

2. As to stimulants my response is equally emphatic and sweeping. For, while we teach that alcoholics have a useful mission and cannot well be surrendered in the field of therapeutics, we should hesitate to inculcate, by precept or example, that it is ever necessary in a physiological sense. As well take to regular doses podophyllin or iodide of potassium.

Admit, if you please, that a *moderate* use of stimulants is allowable, or strain a point and say such use is *beneficial*, how many over-worked and over-*waked* members of the profession will limit themselves to such "moderate" use. The temptation is constantly to indulge to excess, and the homely old adage, "whiskey in, wits out," is never so apt as when applied to the tippling practitioner. No other profession so sorely needs all its wits to be constantly on the alert; no other hand needs to be so nerved and steady as the surgeon's.

3, 4, 5 and 6. No, no, no, no.

7. If he delights in blooded stock and can find time to indulge his taste, it is comparatively an excusable diversion.

8. If he is thoroughly wedded to his profession he will find neither time nor inclination to dabble in politics.

9. If he is honestly, consistently and persistently a temperance man himself, he is a perpetual temperance lecture in himself and cannot possibly "lecture" more efficiently than in his daily walk and life.

10. The above is a sufficient answer to this.

11. No; it is impossible if he has an average amount of professional business to attend to. Nor is it in keeping with his profession.

12. That depends upon circumstances. If he has the divine talent of music in his soul, and cannot keep it there, let it come out whenever and wherever it will. There is enough that is unmusical and discordant in his everyday life. Let him cultivate music, the more the better; but it does not follow that becoming a member of a "band" is the best method of attaining this object.

13. There is no objection to the physician identifying himself with educational interests.

14. If he be a "lodge" member, let him attend whenever his professional engagements will reasonably admit of it. This will not ordinarily be so frequently as to call for comment on the part of a reasonable community.

15. No. He had better be at home reading current medical literature. He will find no time to attend "rinks," very little to frequent the theatre and certainly little enough to be seen at church, at best.

16. Emphatically, no. Every man to his trade. Spiritual things are no part of his curriculum. He ought not to know a tithe of as much of theology as of physiology or hygiene.

17. No; leave that to laymen.

18. This may be allowable under certain circumstances, but is not generally desirable.

19. In general terms, no. There may be, as in 18, exceptions to any general rule. As a rule, the physician has no time, and ought not to have any inclination to engage in side issues and foreign enterprises.

20. Yes. Let him at all times be a *gentleman*. Under this head I could not say more if I should write a dozen pages.

When the professional millennium dawns, every member of the profession will be both a physician and a gentleman; and there will be no code of ethics except one which holds each strictly amenable to this law. God speed the day.

Syphilis.

Editor MEDICAL WORLD:

Whilst I recognize the fact that in THE MEDICAL WORLD we have one of the best journals in America, I also realize another fact, namely, that there is a duty devolving upon me individually to contribute my quota to the WORLD for the benefit of the other readers of your (*our*) valuable journal. I have often thought of this duty, but the question has as often arisen, what subject shall I write upon? While seated in my office to-day, cogitating this same subject, a gentleman came in to have me examine and prescribe for a case of syphilis, and as soon as he had departed, I decided that syphilis would be as good subject as any upon which to make my debut in THE MEDICAL WORLD.

For many years I treated syphilis in the old fashioned routine way with mercury and iodide of potassium, &c.; but when about two years ago the original McDade prescription, as given by Dr. J. Marion Sims, came to my notice, it so favorably impressed me that I at once decided to give it a trial at the first opportunity, which I did, and the results were so satisfactory that I have now prescribed it in over twenty cases with the best possible results. It will be remembered that the prescription alluded to was composed of fluid extracts, save the last ingredient, which was a tincture, and for which I substituted a fluid extract of the same article and prescribed in same size doses. In two chronic cases in which the patients had been

treated with mercury for about two years without any apparent benefit, I added one drachm of iodide of potassium to each ounce of the extracts, and prescribed in same manner and the result was a cure in each case in from three to four months. In those old times I was in the habit of prescribing calomel for a local dressing to chancres; but a few years ago I changed off for iodoform which I continued to use in same manner up to about eighteen months ago, when I commenced the use of salicylic acid which I think to be in every way equal to iodoform, besides it does not possess that "give away" odor so peculiar to the former drug.

With these few remarks on syphilis I will close and await with patience to hear reports on the same subject from other writers possessing more ability than the writer of this.

LA CYGNE, KAN. S. B. DIVELBISS, M.D.

Facts and Theories.—Lactic Acid for Small-Pox.

Editor MEDICAL WORLD:

I have received the January number of THE WORLD, and am wonderfully pleased. So much valuable information at so little cost is not easily found elsewhere. I like the presentation of such an array of facts, which are "the raw material of thought." I have always admired the remark of Dr. G. N. Bedford: "He who, by careful observation, erects a pyramid of facts, will find in that pyramid a monument to truth." I always look with suspicion upon those who would force a conflict between theories and well ascertained facts. But while I hold facts in such high esteem I would not trample theories under foot. Theories are good if we will not lean upon them too confidently until they are properly verified by facts.

A Case.—I have a theory, but I need facts to sustain it. Perhaps you can help. In the year 1868 a farmer came into my office and said, "I am in distress. The negroes in my kitchen (which stands near my house) have the small-pox. One is dead and several are scabbed all over. What shall I do? If I attempt to fly with my family from the situation, no body will receive me."

The Prescription.—I ordered him to go home and lock his smoke-house. Suffer no meat to be used on his premises. Sell all his butter or give it to the dogs. Confine his family to skimmed milk, butter-milk, clabber and clabber whey with bread. Make a saturated solution of Epsom salts and give each one of the family a teaspoonful every night at bedtime, and await the result.

The Sequel.—In two weeks the farmer came back to inform me that his oldest daughter had some fever with pains in the head and back, and two small pustules on her face and three on her breast. I went to see her and found her as described, with one pustule more than was visible that morning. Ordered the same diet to be continued, with the free use of cream of tartar. The young lady was up in three days. The disease went through the family of eight persons, two excepted; some of them being so lightly affected as not to take to their beds. A very small girl, who would steal a little cream and butter, was pitted upon the back and shoulders quite thickly. With this exception, no marks were left upon any of the family, while two entirely escaped.

The Theory.—My theory is that lactic acid is inimical to the small-pox germ. That where the blood is saturated with this acid, small-pox can do but little damage to the system. But I have not a sufficient number of facts to confirm my theory. In a practice of thirty-four years, this was the only time I was ever called upon to treat small-pox. If others have any experience along this line, I should like to know the result. E. L. PERKINS, M.D.

NEWPORT, N. C.

Carao.

LOUIS LEWIS, M.D.

Dear Sir: I have just received your letter of January 14th, in which you request me to give you some information about the carao plant, which I will do with pleasure.

The carao is the pod of a tree that grows in the hot places of Costa Rica. It attains the height of about 30 feet, and is of very abundant foliage. It belongs to the family of *Cassia Fistula*, from which it is readily distinguished by the shape of the pod, its larger size, and the different medical properties it possesses.

The pod, which is the part used for medicine by the natives, is about two feet long and two inches thick; the inside is filled with seeds and a gummy juice, which is the medicinal part.

The natives use it in the form of decoction or mixed with milk. It is given in constipation and impotence with great success. I have tried it myself and am very pleased with the results. As an aphrodisiac it is surely of great value. If you want to experiment with it I can send you some samples, and also of some other plants of this country that have very remarkable medicinal properties, used for hemorrhoids, dysentery, rheumatism, etc.

Yours truly,

JUAN J. FLORES, M.D.,

Feb. 4, 1885. HEREDIA, Costa Rica.

Quinine in Small Doses.

Editor MEDICAL WORLD:

Living in the Yazoo Valley, the centre of malaria, and where everything has its origin in malaria, I am convinced of a wholesale slaughter by large doses of quinine. The largest dose I ever give to persons of the most vigorous constitution is five grains every two to three hours. I have felt the bad effects of large doses myself, and I see no sense nor reason in them. Any one that knows me knows that I have as good a practice as any one that ever lived in the Swamp, and the smallest "grave-yard" of any physician that has ever lived here the same length of time.

The secret of my success is, few doses well directed, and close and constant attention; in fact, little medicine and good nursing. I generally give six to ten grains of calomel usually in four doses, at intervals of three to four hours, combined with opiates, ipecac and camphor to allay griping and to act on the skin. I give quinine usually every two hours in two to three grain doses, seldom as high as five grains. I have found large doses of quinine to prostrate the system, sink the heart and prostrate every vital energy, requiring brandy, stimulants and mustard plasters to restore the circulation.

In the case I reported in THE WORLD for last August, five grains every three hours reduced the heart and strength after the second dose so that it was almost impossible to revive the little patient, while he bore two grains every two or three hours very well.

As to the case there reported I believe it to have been irritative fever with the typhoid *condition* (not typhoid fever) developed.

CHAS. C. THORNTON, M.D.

THORNTON, Miss.

What was the Matter, and What would be your Treatment?

Editor MEDICAL WORLD:

I was called on January 2d, to see J. M., white, aged 13 years. Found him without any fever. The dorsal aspect of both hands were immensely swollen, colorless and painful. There was a small swelling of the same character on the forehead, and one on the back over the left kidney.

He complained very much of the pain of these different places, and could not bear the weight of my hand on them. His back was so painful and weak that he could not sit up without support. His bowels were obstinately constipated, and he had but little appetite.

January 3d. Found his face greatly swollen; his eyes were completely closed. The swelling had left his back and right hand and the pain had nearly ceased. He still had no fever.

January 4th. He complained of but little pain. His face was swollen worse and looked very white and dropsical. He had some fever. Pulse 108.

January 5th. Face still immensely swollen, but did not give him any pain. Pulse 110.

January 6th. Face was not swollen quite so much. He complained of severe pain in his stomach.

Jannary 7th. He had very little fever. Was still suffering with the pain in his stomach.

January 8th. Found him very restless, and still complaining of the stomach pain. He seemed very much depressed. Pulse quick and almost imperceptible. Had two severe convulsions during the night.

January 9th. Was still very weak and suffering with dreadful nausea. He vomited a large quantity of greenish colored watery substance. His bowels were relaxed; he passed several large, thin bad-smelling stools. He complained a few minutes before each operation of severe pain in the left inguinal region.

January 10th. Found him much better. His countenance had brightened and he seemed to be stronger.

January 11th. He was much worse. Had one convulsion during the night. Pulse quick and very weak. He was quite drowsy and could with difficulty be aroused. The swelling of his face had gradually lessened until it had disappeared.

January 13th. He was very weak, and had passed a restless night.

January 14th. Had spent a very restless night and his bowels had troubled him greatly. He had but little fever.

January 15th. He seemed to be some better. His body and limbs were covered in different places with purpuric spots.

January 16th. Found him with fever; pulse 140. He had passed a very good night and seemed to be somewhat stronger. He had been very restless during the day. His left arm and leg seemed to be partially paralyzed.

From this time he commenced to show visible signs of improvement. His appetite increased. His paralysis seemed to grow less. His digestion was good, and his tongue, which had been furred, cleaned off nicely.

By the 1st of February he was able to sit up in bed all day, and could walk about the room with a little help.

On February 19th I was called to see him again. I found him unconscious. He sat up in bed from early morning until 10 o'clock,

when he was suddenly seized with convulsions which lasted about three hours, ending in death. Previous to his illness he had been very weak and anæmic for some time, and perhaps had been exposed to the various changes of the weather without sufficient clothing.

Will some of the experienced readers of your valuable journal please give the diagnosis and treatment of this case?

At some convenient time please give the formula for Simmons' Liver Regulator.

F. E. WILLIAMS, M. D.

NEWSOM'S, Va.

[What was your treatment of the case? Also, what was the temperature at the different examinations?—ED.]

A Case of Muscular Rheumatism, with Treatment.

Editor MEDICAL WORLD:

I will give my treatment of a case of acute muscular rheumatism which may be of some interest to the readers of THE WORLD.

On January 19th I was called to see Mrs. J., aged 36. She had considerable fever and complained of soreness in the limbs; tongue slightly coated. Ordered the following:

℞ Tr. aconiti rad..... gtt. xxxij
Spt. etheris nitrosi..... ℥ j
Aquæ..... ℥ j

M.—Sig. Teaspoonful every hour until fever begins to subside.

Followed by—

℞ Quiniæ sulph..... grs. xx
Tully's anodyne pulv..... grs. xxx

M.—Ft. chart. num. vj. Sig. One powder every two hours until three are taken.

Ordered same treatment continued next day.

Saw patient again on the 21st. No difference in symptoms, only the pain was very excruciating; patient could not turn herself in bed. The pain seemed to follow the course of the muscles. I saw I had a case of rheumatism to contend with, and ordered the following:

℞ Acidi salicylici.....
Potass. acetatis.....āā... ℥ ss
Glycerini.....
Aquæ .....āā... ℥ ij

M.—Sig. Teaspoonful every two and a half hours during the day, alternated with the fever mixture as above.

Also ordered Tully's anodyne powder given at bedtime, and through the day as required.

From January 21st to February 2d the pulse and temperature were as follows:

	PULSE.	TEMPERATURE.
Jan. 21.....	84.....	100¼
" 22.....	90.....	100½
" 23.....	90.....	100
" 24.....	90.....	100
" 25.....	100.....	101¼
" 26.....	96.....	101¼
" 27.....	96.....	100¼
" 28.....	84.....	99
" 29.....	78.....	99¼
" 30.....	75.....	98¼
" 31.....	75.....	98¾
Feb. 1.....	75.....	98¼
" 2.....	66.....	98

On the 30th of January patient was able to be out of bed part of the time, and on the 4th of February she could walk around the room some. She never had rheumatism before. I could discover no cardiac trouble.

The above is my usual treatment for rheumatism. I have had uniform success with it.

FRANK M. JONES, M.D.

STRONG CITY, Kansas.

Please Reply.

Editor MEDICAL WORLD:

I was much interested in an article on laceration of the cervix, by Dr. F. R. Brunner, on pages 22 and 23 of the January number of your most excellent WORLD. Will the Doctor kindly give, through your columns, his manipulations, and just how he gets at the parts to best advantage? It is too true that many good practitioners, for the want of courage and confidence in themselves, often let such patients suffer for want of an operation, or send them a great distance and at great expense, to a distinguished specialist, when the home doctor could have performed the operation. Will the Doctor please tell us what kind of sutures he has found to be the best? Also the best anæsthetic?

MADISONVILLE, Mo., R. S. Cole, M.D.

Reply to Dr. Campbell.

Editor MEDICAL WORLD:

Dear Doctor:—The first case of surgery on *record* bears the chilly date of about 3980 B. C. It was an exsection. It was performed without antiseptic precautions and in *no* "cottage by roadside," and *by God*. Its success has been a question of late! The next *recorded* case occurred about 1897 B. C., was an amputation; Abraham being both operator and patient. He circumcised himself in order not to forget the particulars of a royal contract just entered into. Its success is also a question.

Read up, Bro. Campbell! Here evidently is a text book in which you are deficient!

J. S. LEONHARDT, M. D.

SEWARD, Neb.

Triplets.

Editor MEDICAL WORLD:

Two cases of triplets have come to my notice in the last ten days, both in this city.

In the first case the three were expelled after a seven months' gestation; two males, one female, *one* placenta! The three cords being inserted nearly in juxtaposition. The children were all well-formed and lived nearly eight hours after expulsion.

The second case occurred about a week later; the fœtuses being expelled at the sixth month, *two* placentas. The third child was expelled in its amnion and chorion, without any indication of an umbilical cord (?)—so the midwife tells me. She says she never saw such a thing before in all her experience. All three, males, well-formed, all giving indications of life. How is that for triplets?

D. M. B. THOM, M. D.

Mardin, Turkey-in-Asia,
Dec. 23, 1884.

Laceration of the Perineum.

Editor MEDICAL WORLD:

I like the "interchange" feature of your excellent journal. We, of the medical profession, have the same aspirations, the same difficulties to contend with, and have varying success in alleviating the "ills that flesh is heir to." All of us are benefitted by exchanging ideas and opinions.

Let me refer to one subject touched upon by several in your February number, namely, laceration of the perineum. The prevention of this is one of the most difficult tasks, I fancy, that we have to cope with. It is to be regretted that it is as yet beyond his means of certain prevention. In my humble opinion we will never record the last case, but such a course of procedure will be established as to enable us to hope for a very small percentage, and leave the practitioner entirely blameless when it does occur.

Dr. Palmer's method of introducing the index finger into the rectum and pressing upwards and forwards is excellent, and ought always to be tried. Still that might not suffice when the patient is muscular and the parts rigid, or when the child is large. How is laceration produced in many cases when support is given? I think that a slight laceration by the head is made greater by the shoulders and hips.

Here, then, is a cause, and the removal of it is our aim. My mode of procedure is to support as advised, and press with the fisted hand the soft parts of the child as the shoulders and buttocks pass through. No injury will be done to the child, and extensive laceration will be averted. Some laceration will take place when the head is large and unyielding.

The advice given by authors and followed generally by the younger members of the profession, viz: to give passive support to the perineum during expulsion, is a snare and a delusion. G. SCHMIDT, M.B.

NEW HAMBURG, Ontario.

[Pressing directly against the perineum during expulsion as above referred to, is worse than a delusion; it is a positive injury. A powerful pressure between two bodies, the head above and the hand below, so weakens the tissues that they tear more easily than if no support at all was given. Thus the efforts to prevent have *caused* laceration in many cases where it would not have occurred had nothing been done. This is another evil of "meddlesome midwifery."

The plan pursued by the Doctor is a good one; with the finger in the rectum to press the head up against the pubic arch, and the "fisted" hand outside to press the child up as it passes, the perineum is relieved of strain as much as it is possible, and at the same time it retains its elasticity and power of resistance. Pressing directly against the perineum while the head is pressing from above is an unmixed evil. Should the labor be progressing too rapidly, not giving the soft parts time to relax, introduce the fingers and press directly against the head. Do not place the perineum "in a vice," between the head and hand; this renders it much more liable to tear.—Ed.]

Obstetrical Record.

Editor MEDICAL WORLD:

Dr. Palmer, of Colorado, gives his obstetrical record and calls on his brother practitioners to say whether he has been more fortunate than others. I have not, like him, kept a record of cases, but have been in the business of "baby catching" for thirty-nine years, altogether in the country, and largely with the colored population on plantations in antebellum times. As many of my old day books have been destroyed, I will have to depend on memory. I have had two pairs of twins, two hour-glass contractions, two breach presentations, one footling, two slight lacerations of the perineum, many post partum hemorrhages, some of them alarming, which would not yield to ergot, astringent irrigations, cold water, abdominal pressure and manipulations, but was arrested by internal friction with the hand within the uterus, causing it to contract. Have found cord around the neck often, sometimes twice round, several still

born, one adherent placenta requiring the use of the fingers to detach it. Have used forceps twice, and performed craniotomy once for others; had one case of puerperal peritonitis, several cases of lateral obliquity, which I adjust generally from the outside through the abdominal walls, holding the position firmly until a pain comes on, when the head will enter the superior strait. Also, occasionally, I have had to contend with a rigid os, which prolongs labor, but can be overcome generally by a full dose of Dover's powder.

I must say that Dr. Palmer's record is—if not marvelous—very uncommon. I am fully convinced that unnecessary interference is sometimes resorted to, disappointing nature in her important work, mostly for the want of information, but sometimes, I have feared, to gain notoriety.

In the year 1857 there lived in my neighborhood a French doctor, a new arrival from Belgium. He was employed in an obstetrical case; told the woman she could not be delivered without instruments (throwing the accent on the last syllable); that if he had them he could relieve her, etc. Her pains ceased from alarm. The husband, becoming uneasy, sent for me, and to bring instruments. When I arrived the family and neighbor women seemed to be awe-stricken. I examined the condition and, to my surprise, found the head in the inferior straight, perfectly natural, labor having been suspended from fright.

I assured her there was no cause for alarm; that everything was right, and it would soon be over. After I gained her confidence the pains returned and completed the labor, the new comer greeting the anxious company with a vigorous squall.

I think that in the above case the doctor wanted to create fame by the use of instruments, as he sent for them and not for me, and was surprised when I entered the room. In my earlier practice I always adjusted the bandage around the abdomen as soon as the placenta was delivered; but now I direct it to be done before the woman leaves the bed.

N. B. HALL, M.D.

FAIRMOUNT, Ga.

Treatment of Pneumonia.

Editor MEDICAL WORLD:

Dr. G. W. Fertich, of Dunkirk, Ind., asks for formula for the use of salicylic acid in rheumatism. It is with pleasure that I give him the formula as used in the City Hospital, St. Louis, Mo., in the winter of 1877–78. I have ever since then used it in my practice when I thought salicylic acid was indicated. It very seldom causes nausea, and we seem to get the therapeutic effects as quick or quicker than by any other mode. It is as follows:

℞ Acidi salicylici.....
Potass. bicarb.....āā... ʒ j
Glycerini..... ʒ ss
Syr. zingiberis..... ʒ jss
Aquæ..... ʒ iv

M.—Sig. Tablespoonful every two or three hours, in acute rheumatism.

The acid now is generally given in larger doses; it can be increased in this prescription, increasing equally the potassa.

A. T. LEVICK.

WOODVILLE, Mo.

Treatment of Rheumatism.

Editor MEDICAL WORLD:

Acute rheumatism, in my experience, is best treated by giving five grains of blue mass, followed every three hours with teaspoonful-doses of Rochelle salts in enough water to dissolve it. When bowels are moved by it give the following:

℞ Acidi salicylici.....
Sodæ bicarb.....āā... ʒ ij
Aquæ..... ʒ ij

When effervescence ceases add—

Tr. cinchonæ comp.....
Tr. cubebæ.....āā... ʒ ss
Tr. capsici..... gtt. xx
Syr. simp..... ʒ j

M.—Sig. Two teaspoonfuls every hour until it causes ringing in the ears.

As a liniment:—

℞ Gum. camphoræ..... ʒ ss
Sulph. æthr..... ʒ j
Ol. gaultheriæ..... ʒ ij
Aq. ammoniæ fort..... ʒ ij
Petroleli crud..... ʒ ij ss

M.—

In chronic rheumatism I begin with the blue mass and Rochelle salts, then follow with—

℞ Vini colchici sem..... ʒ j
Potass. iodi..... ʒ j

M.—Sig. Twenty drops four times a day.

If the bowels get too loose give tincture of opium to control them, or give half the dose, or stop it altogether. The disease usually yields when bowels become relaxed from the mixture.

Liniment as above.

It will be observed that we make, extempore, our own salicylate of soda. The purchased article deteriorates by long keeping. Also, I am satisfied that in malarious districts the salicylic alkaline treatment is most effective.

ELIHU B. SILVERS.

RAHWAY, N. J.

What Was it?

Editor MEDICAL WORLD:

Allow me to relate a case that has just come under my notice. At three o'clock on the morning of January 31st I was called to see a young man who a short time previous had aroused his parents and others about the house by what they termed kicking the wall and hard, labored breathing. When they approached the bed they found every muscle perfectly relaxed and the young man frothing at the mouth, which caused some alarm. They tried every plan possible to arouse him to consciousness, but without avail. A few minutes before I arrived he awoke apparently from a sound sleep. He said that he felt all right, except his head felt a little light. There were no premonitory symptoms whatever in the case. Let's have the diagnosis. C. S. SIMPSON, M.D.

LAWRENCEVILLE, Ky.

[The above is highly suggestive of epilepsy. Did the patient ever have such an attack before? —ED.]

WE have for months been endeavoring to make arrangements for a Physicians' Excursion to New Orleans, by rail and river route combined, to attend the American Medical Association which meets there April 28th. We think we have about succeeded, but cannot give particulars until next issue. It will be remembered that last June we suggested that those who desired, rendezvous at Cincinnati or Louisville, and charter a steamer, which should be used as an hotel while at New Orleans. But we find that this plan would consume too much time on the river—about eight days each way. To take a boat at Memphis would give plenty of time on the river—about three days. We will make the best arrangements and terms possible, and give the particulars in next issue.

THOSE who fail to subscribe while the Chart, "The Urine in Disease," is given as a premium, will miss a genuine opportunity. The price of the chart alone is fifty cents. Until the first of June it will be given to subscribers to THE WORLD. Both WORLD and chart for one dollar.

LAVENDER WATER, sniffed up the nostrils, appears to arrest the sneezing and eye troubles accompanying hay-fever.

Quix Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Would it be too much trouble to you to give the prescription for Palmer's Cough Balsam?

SUBSCRIBER.

[This was given in an article by Dr. Elmore Palmer, in the December WORLD, 1884. The prescription is as follows:

℞ Fl. ext. asclepias tuberosa, (P.D. & Co's)
Fl. ext. Jamaica dogwood (P.D. & Co's)
Tinct. lobelia inflata.....
Glycerine .....of each...equal parts.

M.—Dose, anywhere from ten drops to a teaspoonful, from every half hour to three times a day.

Small doses frequently repeated give best results.—ED.]

Editor MEDICAL WORLD:

In my early practice I have been in the habit of prescribing chloral hydrate to mitigate extreme labor pains, and in nearly every instance noticed a tardy and diminished secretion of milk.

I would ask if others have met with the same experience. Patients usually claimed benefit from the use of the drug.

PELICAN RAPIDS, Minn. W. H. PATTEE.

Editor MEDICAL WORLD:

Please publish soon as convenient Formula for "Ely's Cream Balm," and oblige a subscriber.

HARLAN, IOWA. E. J. SMITH, M. D.

Editor MEDICAL WORLD:

Do any of the brethren know anything about the Brinkerhoft system of treating hæmorrhoids? I am treating a case of angina pectoris with nitro-glycerine; if any brother has had experience with this remedy in this or any other disease, I would be glad to hear from him through these columns.

Dr. CHAS. BRUIL.

AVOCA, Wis.

Editor MEDICAL WORLD:

I shall be pleased to see the formula of "Athlophoras" published in the "Formula" column. Glad to learn that you intend republishing Dr. Pierce's Favorite Prescription and Warner's Safe Liver and Kidney Cure, as unfortunately I only became a subscriber for your excellent WORLD, in January, 1885, and could not obtain any back numbers.

MARKESAN, Wis. B.

A Specimen Letter.

86 Warren street,
NEW YORK, 18th Feb., 1885.

DR. C. F. TAYLOR, PHILADELPHIA, PA.

DEAR DOCTOR.—It affords us pleasure to state that we have had more inquiries from our advertisement in THE MEDICAL WORLD than from all other advertisements combined. We are satisfied that advertising in THE MEDICAL WORLD pays us better than in any other journal or journals.

We remain yours very respectfully,
The Declat Manufacturing Co.
GEORGE CAHEN, President.

[We frequently receive expressions similar to the above from advertisers who use the pages of THE WORLD.—Ed.]

In an old comedy, named "the Alchymist," by Ben Johnson, (contemporary of Shakespeare) the following curious passage respecting aphrodisiacs occurs—

"We'll therefore go with all, my girl, and live
In a free state, where we will eat our mullets
Soused in high-country wines, sup pheasants' eggs,
And have our cockles boiled in silver shells,
Our shrimps to swim again, as when they lived,
In a rare butter, made of dolphin's milk,
Where cream does look like opals; and with these
Delicate meats set ourselves high for pleasure,
And take us down again, and then renew
Our youth and strength with drinking the elixir,
And so enjoy a perpetuity of life and lust."

Hydrophobia.—Digitalis.

Editor MEDICAL WORLD:

I want to ask the WORLD'S extensive constituency for a little information, and I ask it because I can thus develop the frequency of occurrence in common every day practice, of two things of interest. How many readers of the WORLD have ever seen a genuine, unmistakable case of hydrophobia in the human subject? How many of them have personally seen a case of the cumulative effects of digitalis? And if any, please give the history of same.

E. A. COBLEIGH, M.D.

ATHENS, Tenn.

RESORCINE, dissolved in ten times its weight of Glycerine, is recommended as a topical application in diphtheria.

CLEMENT'S solution of bromide of arsenic is thus prepared: Bromide of arsenic 13 parts, distilled water 620 parts; mix and dissolve.

DR. DUJARDIN (Lille) states in the "Recueil d'ophthalmologie," that corrosive sublimate, in the proportion of 15 grains to 10 of alcohol and half an ounce of distilled water, applied every two or three days, is a remedy for granular opthalmia.

FORMULÆ.

For Hoarseness from Weakness of Larynx.

℞	Acidi benzoici	gr. ss
	Paste ribis rubri (red-currant paste)	gr. x

M.—Make troche. Sig. One every hour or two.

—DR. MORRELL MACKENZIE.

Ague Remedy.

Mr. C. S. Hallberg recommends the following formula for the preparation of a "popular" ague remedy:

℞	Tr. eucalypt	f ʒ ij
	Tr. serpentariæ	f ʒ iv
	Tr. capsici	
	Tr. myrrhæ	āā f ʒ v
	Tr. nucis vom	f ʒ ij
	Quiniæ sulph	grs. lx
	Ext. glycyrrh	q.s. ad f ʒ xvj

M.

For Vomiting of Pregnancy.

℞	Creasoti	♏ j
	Aquæ camphoræ	
	Inf. gentianæ	āā ʒ vj

M.—One dose.

In Constipation with Debility.

℞	Ex. nucis vom	grs. iij
	Ex. colocynth. comp	
	Ex. hyoscyami	āā grs. xxiv
	Pulv. ipecacuanhæ	grs. iij
	Glycerini	q.s.

M.—Ft. pil num. xij. Sig. One occasionally at bedtime.

—SIR J. R. MARTIN.

Aperient Mixture of Sulphate of Iron.

(Used in the London Throat Hospital.)

℞	Sulphate of iron	grs.	2
	Sulphate of magnesia	grs.	60
	Diluted sulphuric acid	minims	5
	Peppermint water	oz.	1

Mix.—One dose.

Alterant Powder.

(Used in the Royal Free Hospital, London.)

℞	Grey powder	gr.	1
	Comp. cinnamon powder	gr.	1
	Rhubarb	grs.	2
	Carbonate of magnesia	grs.	2

Mix.—Dose, six to twelve grains.

Cough Mixture in Bronchitis.

The following is recommended by Dr. H. C. Wood (in the *Therapeutic Gazette*) as a sedative cough-mixture in bronchitis:

℞	Potass. citrat	ʒ	j
	Suc. limonis	ʒ	ij
	Syr. ipecac	ʒ	ss
	Syrupi q.s. ad	ʒ	vj

M.—Sig. Tablespoonful four to six times a day.

A Good Cough-Mixture.

℞	Liq. morph. hydrochlorat	ʒ	ij
	Vin. ipecac	ʒ	ij
	Spt. chloroformi	ʒ	ij
	Syr. limonis ad	ʒ	iv

M.—Sig. One teaspoonful three or four times daily.

—Prof. Ringer.

Shiloh's Consumption Cure.

℞	Muriate of morphine	grs.	3
	Muriatic acid minims		3
	Fluid extract of henbane fl. dr.		2
	Fluid extract of ginger		
	Fluid extract of wild cherry		
	Diluted alcohol of each	fl. dr.	3
	Chloroform fl. dr.		1
	Essence of peppermint minims		30
	Syrup of tar fl oz.		3
	Simple syrup q. s. to make fl. oz.		8

—*New Idea.*

Substitute for Effervescing Chalybeate Water.

The following is an old but useful substitute for an effervescing chalybeate water:

℞	Ferri sulphat	ʒ	ss
	Sacch. alb	ʒ	j ss

Mix and divide into 12 powders.

	Sodæ carb	ʒ	ss
	Sacch. alb	ʒ	j ss

Mix and divide into 12 powders. Sig. One of each powder in half a wineglassful of water, to be taken effervescing.

Each draught represents nearly a grain of carbonate of protoxide of iron, with carbonic acid and Glauber's salts, and excess of carbonate of soda.

In the treatment of diabetes the following is recommended as a daily drink:

℞	Citric acid	gr.	5
	Glycerine	gr.	25
	Distilled water	pt.	4

Mix.

For Consumptive Cough.

℞	Ex. conii	gr.	xxxij
	Ipecac. pulv	gr.	iv
	Morph. hydrochlor	gr.	j

M. et ft. pil. num. viij.—Sig. One before retiring at night.

—Dr. Jno. Hutchison.

For Malarial Headache Recurring from Time to Time.

℞	Liq. Fowleri		
	Tr. belladonnæ āā	ʒ	j
	Aquæ pura ad	ʒ	j ss

M.—Sig. A teaspoonful in a wineglassful of water, three times a day.

—Dr. Day.

A Delicious Non-Alcoholic Stimulant and Appetizer.

℞	Ammon. carb	grs.	xxx
	Tr. calumbæ	ʒ	j
	Sp. chloroformi	♏	lviij
	Aq. destil	ʒ	vj

M.—Two tablespoonsful for a dose, with a lemon squeezed over it.

—Dr. L. Lewis.

Sedative Mixture.

(Used in Charing Cross Hospital, London.)

℞	Chloral hydrate	gr.	1
	Tincture of belladonna minim		1
	Glycerine minims		20
	Water to	dr.	1

Mix.—One dose for a child.

Acid Mixture of Quassia.

(Used in Samaritan Hospital, London.)

℞	Diluted nitric acid minims		5
	Diluted hydrochloric acid minims		8
	Infusion of quassia	oz.	½

Mix.—One dose

Cathartic Gentian Mixture.

(Used in the London Ophthalmic Hospital.)

℞	Sulphate of magnesia	grs.	60
	Comp. infusion of gentian	oz.	1

Mix.—One dose.

Compound Podophillum Pill.

(Used in Hospital for Women, London.)

℞	Resin of podophyllum	gr.	⅙
	Extract of henbane	grs.	2
	Comp. powder of cinnamon		q. s.

Mix and make into one pill.

An Agreeable Quinine Mixture for Children.

℞	Quiniæ sulph	grs.	xj
	Acid. tannici	grs.	xx
	Tr. opii camph		
	Tr. cinchonæ ..... āā	f	℥ ss
	Spr. lavandulæ com	f	ʒ iij
	Syrupi ..... q. s. ad	f	℥ iv

M.—Shake before using. Dose, according to quantity of quinine intended to be given—average, about one teaspoonful.

The quinine and tannic acid must be well triturated together to obtain a handsome-looking mixture.—*Canada Lancet.*

Ree's Cholera Mixture.

[Contributed by H. K. Gardiner, M.D., Providence, R.I.]

℞	Spts. chloroform		
	Spts. lavender, comp. ..... of each	oz.	12
	Vin. opium	oz.	3
	Oil of cloves	drops	40

Mix.

Compound Licorice Powder.

℞	Powdered senna leaves		
	Powdered licorice root ..... of each	oz.	6
	Powdered fennel seed		
	Sulphur ..... of each	oz.	3
	Powdered sugar	oz.	18

Mix.

Neutralizing Powder.

℞	Powdered peppermint		
	Powdered rhubarb		
	Bicarb. of soda ..... of each	oz.	2

Mix.

Townsend's Pills.

The formula is the following. They have been in considerable use among physicians of our acquaintance:

℞	Massa hydrarg		
	Cambogiæ		
	Ext. aloes		
	Zingiberis pulv ..... āā	grs.	xx
	Ol. menth. pip	gtt.	iij

M.—Fiant pil. xvj.

—*American Druggist.*

Vienna Stomach Bitters.

℞	Sassafras	200	parts.
	Chamomile	100	"
	Cloves	100	"
	Cubebs	25	"
	Coriander	10	"
	Quassia	10	"
	Nux vomica	20	"
	Red wine	4000	"
	Digest for two weeks, then add		
	Glycerin	150	"

—*Rundschau (Leitmeritz.)*

Dr. J. M. Mosena, of Salmon City, Idaho, sends us the following formula for

Hall's Hair Renewer.

℞	Precipitated sulphur		
	Acetate of lead ..... of each	dr.	1
	Chloride of soda	dr.	2
	Glycerine	fl. oz.	8
	Bay rum	fl. oz.	2
	Jamaica rum	fl. oz.	4
	Pure water	fl. oz.	16

Mix.

Swaim's Vermifuge.

℞	Wormseed	oz.	2
	Valerian		
	Rhubarb		
	Pink root		
	White agaric ..... of each	oz.	1½

Boil in sufficient water to yield three quarts of decoction, and add the following oils dissolved in a quart of rectified spirit—

	Oil of tansy	drops	30
	Oil of cloves	drops	45

BOOKS, PAMPHLETS, ETC.

HAND-BOOK OF SKIN DISEASES AND THEIR TREATMENT—By John R. Kiffax, M.D., L.L.B. Third edition; revised; enlarged and illustrated. Duncan Brothers, Chicago, Ill., publishers. Price $2.00.

This is the most thorough and practical digest of diseases of the skin, and is serviceable alike to the student and general practitioner. The text consists of laconic general observations on the anatomy, physiology and pathology of the skin, and on the symptomatology, etiology, diagnosis and classification of cutaneous diseases; followed by a detailed description of each individual affection, giving its clinical history and treatment. There is a diagram of the principal elementary cutaneous lesions in profile, a glance at which will enable the tyro to comprehend all the objective symptoms of skin diseases. The volume concludes with a chart of characteristics, with diagnostic, therapeutic, dietetic and hygienic hints, which will enable any one to correctly diagnose any affection which may present. THE MEDICAL WORLD has pre-

sented to its patrons a most correct and valuable urinary chart, and we would suggest to the editor that the Kiffax chart of skin diseases would be hailed with delight by the practitioner, if presented in the same shape as the former. The classification is a modification of that adopted by the American Dermatological Society. Eczema—the *pons asinorum* of skin diseases, and on which volumes have been written with the effect of still more mystifying in place of simplifying the subject, is treated in such a plain manner that no mistake can be made in its diagnosis and successful treatment. The best and most serviceable remedies are given for the relief of the intolerable itching symptomatic of eczema. Any one who has been consulted for relief of this symptom can estimate at their true value the importance of the remedial measures pointed out. The paper, binding and typographical execution of this manual is in the usual superb style of the publishers. E.

[We will say to the reviewer that we have contemplated issuing a series of charts that would, we think, be of great service to practitioners; but our time has been so occupied that we have not yet had an opportunity to give the matter attention.—ED.]

THE LONDON MEDICAL STUDENT AND OTHER COMICALITIES—Selected and compiled by Hugo Erichsen, M.D. Published by Dr. H. Erichsen, 11 Farmer St., Detroit Mich. Price $2.00.

We have perused this little work with much amusement, for it has "awakened the (anything but) mournful rustling of the leaves of memory," when we ourselves experienced the adventurous ups and downs of student life in London. Some of the word pictures are true, almost to the life; and the whole book is laughter-provoking and interesting to all who have studied medicine. Still more so to those who have studied it in the great metropolis, in which the scenes are laid by the author; for students we all have been; and it is to be hoped, students we remain. However, many of the rougher characters and incidents described belong, we are glad to say, to times that are many years in the past. The London Medical Student of to-day is much more orderly and studious.

DIAGRAM OF PARLIAMENTARY RULES; published by the Review and Herald Publishing Association, Battle Creek, Mich. Price, with Key, 50 cents in neat cloth binding.

We have never seen as complete a "nut shell" arrangement as this. It shows at a glance the relation of any motion to every other motion in a most ingenious and complete manner. Every member of any deliberative association, from a debating society to Congress, should have one, as it will save much time spent in parleying over modes of procedure. For practical use it is of much greater value than elaborate books on the subject. Such charts as this are becoming deservedly popular.

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS; by D. W. Cathell, M.D.; Cushings & Bailey, publishers; Baltimore. Third edition. Price, $1.25.

Probably no book is better known to the profession than this, and certainly no book is more favorably known. It is not strange that it has reached the third edition, and it will probably reach many more. The sound advice and practical wisdom between its covers is appreciated by the mature members of the profession as well as by the younger members. It is certainly a very valuable book to any medical man.

COCAINE, AND ITS USE IN OPHTHALMIC AND GENERAL SURGERY; by H. Knapp, M.D., G. P. Putnam's Sons, publishers, New York. Price, 75 cents.

This is a neat and handsome volume of 87 pages. A translation of the original paper by Dr. C. Koller, of Vienna, is given. This is followed by a statement of the uses to which this remarkable remedy has been put, with results, and the experiences of many eminent authorities with the drug. The treatise is very complete to date.

SIXTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS; with two appendixes: Conspectus of the Medical Colleges of America; and Official Register of Physicians and Midwives in Illinois.

A very carefully systemized and exhaustive report. The medical interests of Illinois are very efficiently looked after by this Board.

THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH; by G. M. Lefferts, A.M., M.D. Lambert & Co., publishers, St. Louis. Handsome cloth binding.

This is a series of three clinical lectures delivered at the College of Physicians and Surgeons, New York. The subject is practically treated and freely illustrated by cuts.

The Popular Science Monthly for March is replete with excellent articles, many of which have special value for physicians; as "Medical Expert Testimony;" by Dr. Frank H. Hamilton, and "Cholera, its Modes of Propagation;" by Dr. Max Von Pettenkofer.

Among our exchanges, the Philadelphia *Medical Times*, ably edited by Dr. Frank Woodbury, is always welcome. Its class is high in every respect, and the charming letters of Dr. Fothergill are a never ceasing delight.

SPECIAL.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

SEND a card to Pomeroy Truss Company, 785 Broadway, New York, for circulars and price-lists. Their goods are superior.

Do not fail to write to J. B. Alden, publisher, 393 Pearl street, New York, and get his hundred-page Catalogue, sent free to those who mention THE MEDICAL WORLD. See advertisement page v. "The Book Worm," monthly, 25 cents per year;

send for sample copy. "Choice Literature,"—monthly; 1000 large pages of the most select literature each year; subscription price only $1.00.

Do not fail to send for a sample of "Papine." Address Battle & Co., St. Louis, Mo., and mention THE MEDICAL WORLD.

SEND card to Wm. S. Merrell Chemical Company, Cincinnati, Ohio, for new Catalogue, and mention WORLD.

DO NOT fail to send your address to Messrs. Geo. F. Laird & Co., 44 Park Place, N. Y., and get a sample of the new preparation, Oleo-Chyle, which will be sent free of all expense.

BE SURE to send a postal-card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent free if WORLD is mentioned.

SEND to Crab Orchard Salts Company, Louisville, Ky., for a sample of Crab Orchard Salts, and mention THE MEDICAL WORLD.

SAMPLES of Golden Scale Pepsin will be sent free to those who mention this journal. Address Gaunt & Janvier, 55 Grand street, New York.

WRITE to C. L. Mitchell, M.D. & Co.. corner of Ninth and Race streets, Philadelphia, for their new illustrated Catalogue and samples of new preparations of Soluble Medicated Gelatin. Always mention THE WORLD.

WRITE a card to John Wyeth & Bro., Philadelphia, for complete list of Compressed Lozenges, and samples. Mention WORLD.

SEND to Messrs. Goodwin & Small, 139 Third street, Macon, Ga., for a sample of their excellent Comp. Syr. Hypophos. with Lactates and Pepsin, and mention this journal.

To physicians not yet acquainted with hydroleine a sample and pamphlets will be sent on application if the WORLD is mentioned. Address Wm. F. Kidder & Co., 83 John street, N. Y.

READ lower half of page 2 and send to Messrs. Lambert & Co., 307 Locust street, St. Louis, Mo., for recent medical literature on "Preventive Medicine." A sample bottle of lithiated hydrangea will be sent free if THE WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

When writing to Messrs. Wm. R. Warner & Co. for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD.

It will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

WRITE to the Nelson Pharmacal Works, 18 and 20 Platt street, New York, and get a sample of Gastropeptic, their new preparation. Always mention THE MEDICAL WORLD.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who address the Rio Chemical Company, 218 N. Second Street, St. Louis, Mo., and mention this Journal.

IF you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh Street, Philadelphia, and get a card of surgeons' pure iron-dyed silk free, if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

WRITE to G. W. Lutz & Co., 223½ S. Ill. St., Indianapolis, and get circulars describing the best hypodermic syringe in the market, and other useful instruments.

WHEN writing to Otto Flemming, 1009 Arch St., Philadelphia, for catalogues of electrical instruments, always mention THE WORLD.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore and get a physician's sample of Mineral Earth. Always mention THE WORLD.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co.. on adv. page vi.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

Write to Messrs. Caswell, Hazard & Co., corner Broadway and Twenty-fourth St., N. Y. City, for information concerning their new and standard preparations and samples of the same. Mention THE MEDICAL WORLD.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

"THE URINE IN DISEASE," a Chart 14x18 inches in size, excellent bristol-board arranged by Louis Lewis, M. D., M. R. C. S. (Eng.), given to subscribers until June 1st, 1885.

Subscription (with Chart) to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies (with Chart), FIVE SHILLINGS per year. Postage free. These rates must be paid *invariably in advance.*

A BLUE LINE beneath your name on the wrapper indicates that your subscription has expired and that you are invited to renew it without delay. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

401 South Eighth Street,

PHILADELPHIA, PA.

VOL. III. APRIL, 1885. NO. 4.

To New Orleans.

The excursion to New Orleans by combined rail and river route, as spoken of in our last issue, is found to be impracticable. The cost would be considerably greater; for example, the fare from Philadelphia to Vicksburg is exactly the same as to New Orleans, and the fare from Vicksburg to New Orleans by river is $7. So that would add $7 to the cost of the trip for one way, or $14 for both ways The river scenery is about the same all along, and soon becomes monotonous, and the trip tedious. The time required by river passage from Memphis or Vicksburg would be too great for those whose time is valuable, and that means all medical men.

But every one that goes wants to take a ride on the "Father of Waters." We are reliably informed that there are excursions up and down the river every day. We think that it would be better, as it would be quicker and cheaper, to go to New Orleans directly by rail and take one of these excursions to see the river. Each one could take a short or long trip as it might suit his convenience or pleasure. A trip down to the Gulf, to see the jetties at the mouth of the river, would be a desirable one. These excursions are delightful and inexpensive.

The fare by all-rail route from Philadelphia by the Virginia, Tennessee and Georgia Air line, has been reduced by degrees from $45 to $37.50. For companies of not less than fifty persons going in a body, $36 is charged for each. These are the most favorable rates that can be had. Most persons would rather pay the extra $1.50, and be free to start when they please and to stop at the many interesting places on the way, as it might suit their convenience. For example, who would think of passing the Caverns of Luray without stopping to witness their marvellous beauty? And who would pass the Natural Bridge without beholding this wonder of nature and the fine scenery surrounding? Yet, these stops might not suit the company.

In this connection allow us to say that those who think that they must travel day and night in order to save time, will miss many of the attractions of the trip, and get all the fatigue there is in it. To illustrate:—a round trip ticket by the above-mentioned line (the most direct as well as the most picturesque) will cost $37.50; it will permit fifteen days *en route*, with full "stop-over" privileges, and the ticket will be good until about the first of June. To travel by day and stop and rest by night would be much pleasanter than to take a sleeper and travel at night. No one who has any appreciation of the grand in nature would wish to jostle at night past the magnificent scenery of the Shenandoah Valley and East Tennessee. Besides, compare the quiet and comfort of a bed at a hotel, with a narrow, noisy sleeping-car birth. The cost would be really less; for a sleeping-car birth would cost $2 per night, while $2 or $2.50 would get a comfortable room at a hotel, and supper and breakfast besides.

The time between here and New Orleans by the above-mentioned route is a little less than 48 hours. This would require only four days' travel (with quiet rest at night) and give opportunity to see the rugged mountains, picturesque valleys, streams, plantations, etc., along the route. With most persons this will be the one opportunity of a life-time to see the "sunny South" with its many features of interest. If so, don't miss it by traveling at night.

General Grant's Condition.

It is generally known that General Grant is suffering from epithelioma of the fauces and back part of the tongue. He is being treated by Drs. Douglas, Fordyce Barker, H. B. Sands and G. F. Shrady. A few weeks ago considerable pain was felt, especially upon deglutition; but a spray of a four per cent. solution of cocaine effectually relieved this symptom. The cocaine is now no longer used, as pain is no longer a feature of the case. Iodoform has been used locally with apparently good results.

The latest reports are that the General is improving, and his condition is now better than the most sanguine anticipations of a few weeks ago would have lead one to expect. When Dr. Douglas called last night (Sunday, March 22) he found his patient down in the parlor. He walked up stairs to his room and complained of being tired, as there had been a great many visitors to see him during the day.

His throat looks much better, and he has not felt any pain or sensation of uneasiness in it for more than a week. He does not now have any difficulty in taking food, excepting from his lack of appetite. His general nourishment seems now to be a leading question in the case. It is comfortable to know that his early demise is not now expected, as it was a few weeks ago.

Insomnia has been a troublesome feature of the case. This is caused mainly by intellectual application upon his memoirs, which are rapidly being completed for publication.

It is well known that the General has for years been an inveterate smoker, and it is possible that this had much to with the throat trouble. As soon as this was suspected the habit was promptly abandoned.

Gentle Nursing.

Good food, air, water, warmth and sleep are the prime essentials to the successful rearing of an infant. To these may be added, as of the last importance, sunshine. A chamber facing the south or south-east should, if practicable, be chosen. The westerly aspect gets too much sun at the child's bed-time. The northern and eastern aspects are too cold; the first receives little or no sun and the latter is too much exposed to winds.

Servant girls should be warned not to toss infants violently, nor to drive them roughly in their perambulators, nor to take them into railway stations (unless when necessary). Tossing a child in the air, and such rough nursing may seriously injure its brain later on. The jolting produced by a perambulator with bad springs must be agony to a helpless infant; and when it is driven quickly it can scarcely breathe. The shrieking of a locomotive and attendant noises in a station may permanently affect a child's hearing.

These are instructions which may well be imparted by the physician to the mother and carefully impressed upon the nurse; for a child's future welfare largely depends on what may be termed "gentle nursing." LL.

Protection from Cholera.

A few cases of cholera have been reported already from Toulon. We do not know how reliable these early reports are, but we cannot doubt that the seeds of pestilence so deeply sown in southern France will be called to life again by the warm spring and summer months. The sanitary condition of the places that suffered last year is said to be even worse than before. With an early start of the disease this year, the outlook for France is very bad.

The idea is quite current that this country is safe as long as England is not invaded; but the history of previous epidemics shows that in fully one-half of them, the disease has been transported to this country directly from France.

In view of the fact that there are positive grounds for apprehension, it may be well to give a few points relative to protection from the disease.

Accepting the comma bacillus theory of its causation as the most probable, we must study the nature of these organisms to learn how to avoid them. In the first place, we find that they thrive in alkaline fluids and die in acid fluids. If the living organism reaches the alkaline fluids of the intestines, it will there multiply with great rapidity. They attack the epithelial lining of the intestines (perhaps by rapid growth), and the destruction or removal of this lining constitutes the disease. The fluids drain from the body, and collapse and death soon follow.

The opponents of this theory urge the fact that dogs will not take the disease after eating food mixed with choleraic excretions swarming with bacilli. But it must be remembered that the gastric juice of a dog is about three times as acid as that found in the human stomach; also, pepsin is found in more than twice the relative quantity. The food excites the secretion of this fluid, and it is not strange that the bacilli are destroyed during stomach digestion before reaching the intestines. A prominent opponent of the bacillus theory swallowed a pill containing some of the vomit from a cholera patient and suffered no evil consequences. But he probably took it with food or during the process of digestion.

So we see that in the gastric juice we find our main protection. The organisms gain entrance to the body mainly by means of drinking-water. Water does not excite the secretion of gastric juice, so the bacilli gain a ready entrance into the intestines without having to encounter the acid secretion.

The moral of this is, take no fluids except with food; and then the fluids would better be thoroughly boiled, so as to kill any organisms that may be present.

Furthermore, the stomach must be made the pet, not the slave of the system. It must be kept in good condition. All food must be well cooked, to make it more digestible, and to free it from any suspicion of living germs. Only nutritious and easily digested food must be admitted; all "trash" must be excluded. Strict temperance in everything is highly necessary. Enough food must be taken to nourish the body well, but not too much, so as to be a burden to the system. Sufficient rest must be taken. Any influence that tends to weaken the vital force increases the danger of attack. The power of resistance must be kept up to the highest point.

To the above add cleanliness of person and surroundings, a free use of disinfectants, freedom from fear, or any of the depressing emotions, and safety may almost be assured.

The Current Medical Thought.

Intermittent Pulse.

Dr. B. W. Richardson, London, recommends the use of alcohol as the one agent which most influences the nervous mechanism of the heart, so as to exert an immediate control over an intermittent pulse. Its action is prompt and decisive. He has seen a total cessation of the phenomenon within five minutes after the administration of six drachms of pure alcohol in water, in a case wherein the pulse intermitted at least ten times within a minute. He says that this effect is so reliable that the patient unfortunately often resorts to the remedy, to his ultimate disadvantage.

In similar cases we have found great benefit from the administration of the following mixture three times a day when the patient abstains from alcohol and has no organic disease of the heart:

℞	Spt. chloroformi.....	ʒ j
	Spt. ammon. arom.....	ʒ j
	Aquæ. camph.....	ʒ j

Mix.

Growth of the Heart.

The human heart doubles in size from birth to the second year; from the second year to the seventh year, it doubles again; from the seventh to the fifteenth year *it remains stationary*, making no increase; from the fifteenth to the twentieth year it increases about one-third of its volume; subsequently its growth is more gradual and slow.

Thus, from the seventh year to the fifteenth, the growth of the heart is temporarily arrested, pending the development of the rest of the body; but as soon as puberty is arrived at its growth commences anew.

SMALL, frequently repeated, doses of calomel act as an efficient diuretic.

For Hemorrhagic Condition.

Five minims each of spirits of turpentine and tincture of hamamelis in an ounce of mist. amygdalæ may be given three times a day, with marked benefit, in hæmatemesis, hæmoptysis, and menorrhagia.

For Sleeplessness.

Paraldehyde is an excellent remedy against insomnia, producing a refreshing but not too profound sleep, without evil after-effects. Fifteen to twenty minims are sufficient, best taken in a little whiskey. It acts freely on the kidneys. It is an ethereal pungent liquid, coming from acetic acid and alcohol. It causes neither headache, sickness, nor constipation. Its odor is characteristic.

Cure for Otorrhœa.

Sulphide of calcium is said to have an almost specific action on diseases of the ear, accompanied by suppuration, as otitis, purulent catarrh, etc. It should be given in small and repeated doses, in the solid form, being too unstable when dissolved.

A Useful Mixture.

Eighteen grains of boracic acid, dissolved in a drachm of hot glycerine, and added to an ounce of olive oil, makes an excellent lubricant for catheters and bougies; it is stable, antiseptic and irritating. It is also a good dressing for burns. It forms an imperfect emulsion, and requires shaking up.

Hair Indications.

Among the ancients, straight hair was considered indicative of pusillanimity and cowardice; yet the head of Napoleon was guiltless of a curl. Frizzly hair was thought an indication of coarseness and clumsiness. The hair most in esteem was that terminating in ringlets. A historian states that Achilles and Ajax, son of Telamon, had curling locks; such, also, was the hair of Timon the Athenian. As to the Emperor Augustus, nature had favored him with such redundant locks that no hair dresser in Rome could produce the like. Light-brown hair was thought the most distinguished, as portending intelligence, industry, a peaceful disposition, and great susceptibility to the tender passion. Black hair was not esteemed by the Romans, and red hair was an object of aversion. This aversion to red hair obtained for ages before Judas' time, and was the sole reason given by Typhon for depriving his brother of the sceptre of Egypt.

Effects of Breathing Illuminating Gas.

It is asserted that the presence of five parts of illuminating gas in 10,000 parts of air, can be breathed for hours or even days, with impunity; from seven to eight parts in 10,000 cause indisposition; 20 parts produce dyspnœa, loss of muscular power, and uncertain gait; over 20 parts produce drowsiness; and beyond 30 parts more violent symptoms of carbonic oxide poisoning, cramps and urgent spinal and cerebral disturbances, and unless removed from the vitiated atmosphere, death.

Italy's Atmosphere and the Voice.

The mellowness and compass of voice enjoyed by the natives of Italy is ascribed to the presence of much peroxide of hydrogen in the dew and air of their country. It is supposed to improve the quality and "*timbre*" of the voice, and has been shown to produce this effect elsewhere, artificially, by the inhalation of a chemical compound made to imitate an Italian atmosphere.

Treatment of Typhoid Fever.

In the general treatment of typhoid fever, a combination of spirits of terpentine, carbonate of ammonia, opium and camphor, in a mucilaginous mixture, is useful. In adynamic intestinal hemorrhage, a pill containing about two grains of sulphate of quinine, one grain of acetate of lead, and one-half grain of opium, every two hours will probably control the loss. The bedsores are best treated with one ounce of collodion and one drachm each of tincture of iodine and camphor, applied with a brush.

Milk in England.

Much of the milk consumed in England is extremely unwholesome, and even dangerous. At the International Medical Congress of 1881, it was proved incontestibly that a large proportion of the milk supplied in cities is derived from old and worn-out cows that have been milked too long, and whose whole system is enfeebled and drained; or again, from immature heifers, forced to breed before their natural time. In both cases the milk obtained is inferior as a food. Moreover, in order to

meet the great demand for milk, cows are kept, in London and elsewhere, in underground cellars and other unwholesome places, deprived of pure air and sunshine, and of exercise; consequently their milk is vitiated in quality, and, not infrequently, tuberculous.

Therapeutics of Agaricine.

Dr. Piering, of Paris, says agaricine is a reliable remedy in nearly every case where diminution of perspiration is desirable, notably in all varieties of phthisis. In a healthy person the amount of perspiration does not vary, but is constant under its administration, and there is no essential change in the amount of the other excretions. There is less thirst, and consequently less water ingested and excreted. Its action in arresting the sweating is prompt and decisive, without any ulterior effects.

[Agaricine is a white, crystalline powder, and is obtained from the edible mushroom—the *boletus laricis* growing on larch trees. The dose ranges from one-twelfth to one-sixth of a grain.—ED.]

Diet in the Febrile State.

Dr. Allchin, of London, in a paper on the management of diet in fever, reviews the income and expenditure of the body in the normal state, and comments on the method in which heat is produced, almost as it were a by-product, in health. Fever is a general morbid state, of which the most prominent and obvious characteristic is an elevation of temperature; the other forms under which energy is evolved in the body, muscular, glandular, and nervous, are all diminished in fever. The nitrogenous waste is greatly increased, and, as the total nitrogen of the food in the diet of fever is below the normal standard, it follows that there is a waste of the proteids of the tissues; the water of the excreta is increased, as is also the potash. The main source of heat in health is the oxidation of some hydrocarbonaceous material which is in intimate relation with the proteid material of the tissues. The fact that the excessive excretion of urea commences before the elevation of temperature, shows that they are not in direct dependence. The arrest of the salivary secretion, and of the function of the gastric juice, allows various decompositions in the food, which all belongs to the septic class, and give rise to noxious products; to these products, the gastritis common in fever might probably be attributed. Physiological considerations, such as those sketched above, lead him to question whether the assumption that fats and carbohydrates ought to be diminished in the diet of fever, in favor of the nitrogenous food, is sound. He is inclined to agree with the opinion of Dr. Parkes that a considerable diminution in the customary quantity of nitrogenous food, and an increase in the quantity of fats, is advisable; he has advocated the use of cod-liver oil and butter where they could be borne, and an increase in the quantity of amyloid food. The partially digested proteid and amyloid food now available affords facilities not at the disposal of physicians half a century ago.

Pleasant Castor-Oil.

In France, children are induced to take castor-oil by having it administered warm, with an egg broken into it, and flavored with sugar or currant jelly.

Curious Trees.

A luminous tree grows in a valley near Tuscarora, Nevada; at certain seasons the foliage gives out sufficient light to enable any one near to read small print, while the luminous leaves can be seen a mile away. The phenomenon is attributed to parasites.

In the "Keys," south of Dayton, Florida, there is a tree called the "machineel," which is poisonous to any one taking refuge beneath when the dew is falling.

The Latest!

Another bacillus of syphilis has arrived, and is described by Dr. Lustgarten, of Vienna. It is said to resemble its tuberculous brother, but differs in being always found within the cells. Koch finds that it also differs morphologically.

Injection for Gonorrhœa and Gleet.

Sulphite of sodium, one-half drachm to the ounce of water, forms an excellent injection for gonorrhœa and gleet.

Application in Orchitis.

The following formula is highly endorsed as a local application in orchitis:

℞	Iodoformi.....	ʒ j
	Thymol.....	gr. iv
	Vaseline.....	℥ j

M.—To be applied on greased linen.

Hydrastis and the Uterus.

The action of hydrastis on the uterus may be said to be unique; it has no close analogy. It is useful alike in uterine fibroids, hemorrhage, dysmenorrhœa, metritis and parametritis. Twenty minims of the tincture may be given three times a day.

A Painful Procedure Rendered Painless.

Dr. Pollak (St. Louis) has made a complete division of the membrana tympani, usually a very painful procedure, without any inconvenience to the patient, by the employment of a 4 per cent. solution of hydro-chlorate of cocaine, introducing two drops twice, at intervals of five minutes.

Fattening on Mercury.

Dogs and rabbits increase steadily in weight under the administration of small doses of mercury. So also do men and women, when they are syphilitic; and rabbits are mostly tuberculous. So that the apparently tonic action of the mercury is probably due to its germicide qualities.

The Seat of the Soul.

The seat of the soul is the liver, say I,
Tho' my theory men may dispute;
But in face of the facts, I think that her acts
Show my ideas are 'cute.

When the liver works badly the owner feels sadly;
His spirits are low and depressed;
His intellect slackens, his character blackens,
His love for his kind is suppressed;

He maligns his neighbor, he shrinks from his labor,
He fancies all sorts of distress;
He makes of life's bubbles the greatest of troubles;
He neither will kiss nor caress.

But open the portals of liver-bound mortals,
Their gall with their wrath disappears;
With a pill and a smile they get rid of their bile,
And banish their worries and fears.

L. L.

Cure for Asthma.

A decoction of *euphorbia pilulifera*, made by steeping an ounce of the fresh weed or half an ounce of the dried plant, in two quarts of water, and reducing it by simmerring to one quart, is highly extolled as a remedy for asthma and all affections characterized by dyspnœa. The dose is one wineglassful. The plant is abundant in South America and the tropics, and indigenous in Queensland. Wonderful "cures" have been reported.

Oil of Turpentine in Diphtheria.

Diphtheritic membranes are stated to rapidly separate and dissolve under the administration of oil of turpentine. The effects of the drug on the kidneys are transient, and disappear after discontinuance of its use.

Cold Baths in Pneumonia.

Dr. Chaumier, in *La France Medical*, concludes: 1. Cold baths present no danger. 2. They diminish pulse, respiration, temperature, dyspnœa and thirst; the *bruit de soufflé* caused by the fever disappears during their use. 3. Having not used the baths in very severe cases, he could not yet say whether they would diminish mortality. 4. In adults, to procure permanent benefit, the baths should be given every two or three hours.

What We Breathe.

The organic objects floating in the air may be thus summarized: 1. The spores of objects, many of which are visible with low powers of the microscope, as the yeast plant, and other zymotic agents. 2. The spores and sometimes the developed objects of a class requiring high powers for their observation, which produce in nitrogenized organic matter the phenomena of putrifaction, but cannot attack living tissue; as the hay bacillus. 3. The spores and sometimes the developed objects of a class requiring the highest powers, as pathogenic microbes, which produce, when introduced into living tissues or their fluids, changes characterized by the phenomena of special disorders; as erysipelas, hospital gangrene, anthrax and tuberculosis.

For Hooping-cough.

One grain of alum, with one grain of powdered sugar, taken every four hours, is very useful in hooping-cough. The painful paroxysms of cough may be greatly ameliorated by rubbing in the following embrocation:

℞ Ol. succinii..... ℥ ss
Ol. camphoræ..... ʒ j

M.—Sig. This may be applied three or four times a day.

Treatment of Wounds.

All wounds involving more than half-an-inch in depth, should be treated with drainage-tubes, and frequently dressed with antiseptics.

How to Give Phosphorus.

In nervous prostration, cerebral anæmia, melancholia, etc., Dr. Seguin has found that the best method of exhibiting phosphorus is the following: phosphorus gr. j, absolute alcohol ʒ v (dissolve with heat), glycerine ʒ j ss, alcohol ʒ ij, ess. peppermint ♈ ij; mix: one teaspoonful without water for a dose.

Borax in Epidemics.

In the presence of epidemics, M. de Cyon recommends the general use of borax, externally in solution as a wash, internally as an addition to the food and drink, in quantities amounting to 70 or 80 grains per diem.

[This dose of borax is quite likely to cause abortion in pregnant women.—L. L.]

Phosphide of Zinc.

Phosphorus is best given in the form of phosphide of zinc. Phosphorus is very unstable in the crude form, in pills or in oil, and soon becomes inert; but phosphide of zinc is a reliable preparation, and its action can be measured with mathematical precision. Moreover, there is no danger to be apprehended from accumulation, its elimination being completed about the third day; and there is no risk from an overdose, as that would be rejected by the stomach. Phosphide of zinc is of great service in neuralgia, anæmia, hysteria, rachitis, dysmenorrhœa, spermatorrhœa and sterility. In rickets it is especially valuable; and in amenorrhœa and dysmenorrhœa it is a useful and reliable medicine.—Dr. Decoux, in *Gaz. des Hospitaux.*

[The dose of phosphide ranges from gr. 1-6 to gr. ½.—Ed.]

Bacillary Phthisis.

According to Germain Seè, phthisis is a virulent disease, due to a micro-organism, special and specific, always inoculable in animals, transmissible from the sick to the well by direct contagion, oftener propagated by heredity; frequently localized in a single organ, and susceptible of cure without compromising the rest of the organism. The bacillus, as long as it lives, and as long as it invades the economy, as long as it undergoes multiplication, constitutes the danger, for it will continue its ravages.

Age and Gray Hair.

The *Medical and Surgical Reporter* considers that gray hair is not necessarily a sign of age. Many persons become gray while yet in their twenties, or even in their teens, and this by no means argues a premature constitutional decay, but is simply a local phenomenon, and may be co-existent with unusual bodily vigor. Many feeble persons, and others who have suffered extremely, both in body and mind, do not blanch a hair until past middle life; while others, without assignable cause, lose their capillary coloring matter rapidly when about forty years of age. Race, too, has a marked influence. A bald or gray-haired Indian is a "rara avis." Negroes also are slow to blanch. Sex, in this country, appears to have little influence. In men the hair and beard rarely change equally; the one is usually darker than the other for several years, but there seems no general rule as to which darkens first.

[As the beard and mustache are usually somewhere about twenty years younger than the hair, they might surely be expected to retain their "capillary attraction" somewhat longer than the latter.—Ed.]

An Achievement.

An instrument is in use in Germany, by means of which the urine in the bladder can be collected from the mouth of the ureter on each side, so as to enable the surgeon to determine which kidney is the seat of suppuration or other trouble.

Application in Rheumatism.

Equal parts of oil of wintergreen and soap liniment, applied to inflamed joints in acute rheumatism, affords instant relief from pain, besides being eminently agreeable in odor.—*Quarterly Therapeutic Reriew.*

Menstruation and the Thyroid Body.

In many women the thyroid body enlarges perceptibly at each catamenial period and sometimes during gestation, though it may diminish again after conception. It is noteworthy that goitrous tumors seldom appear until after puberty. In exophthalmic goitre this enlargement during the catamenia is still more manifest. In some parts of Germany an ancient custom still obtains, of measuring the bride's neck the day after marriage.

Specific for Typhoid Fever.

Dr. Hawkins (Kansas) asserts that bromide of potassium aborts typhoid fever in from seven to ten days. He believes that by its use in frequent and gradually increased doses, we have a specific for typhoid fever equal to quinine in ague.

Cure for Gonorhœal Leucorrhœa.

In pruritus, and in obstinate vaginal leucorrhœa, (presumably of gonorrhœal origin), a 1 to 1500 solution of corrosive sublimate has proven successful.

Fever a Salutary Condition.

Professor Nothnagel observes that fever is often to be regarded as a salutary condition, one of nature's own regulative processes; and that it is improbable that it is ever shortened by simply diminishing the temperature. He does not imply, by this, that our confidence in medical thermometry is misplaced, but would insist on greater judgment in the use of antipyretics, and more general resort, in the absence of positive indications, to expectant treatment.

Tuberculosis in Cows.

Tuberculosis is known to be quite prevalent amongst bullocks and cows, and tuberculous meat and milk come constantly into consumption in the ordinary way of trade, when there is nothing sufficiently or palpably bad in its appearance to cause its condemnation as unwholesome food. The mammary gland of the cow is quite frequently affected with tuberculous deposits, first indicated by swelling of a portion of the gland, which becomes diffused later on, and the gland hardens, without any apparent disturbance in the animal's health. After a time—about a month—the milk acquires a yellow-serous appearance containing flocculi of lymph, and then becomes purulent. This milk is infested with large numbers of the tubercula bacilli, even when healthy in appearance, and taken from a portion of the gland which has not yet been attacked.

A Convenient Antiseptic Solution.

A convenient way of keeping a bichloride of mercury solution for use is to make an alcoholic solution of the strength of a drachm to the ounce; one drachm of this solution in a pint of distilled water represents a one in a thousand solution of the bichloride.

To Prevent Spreading of Cholera.

If the excretions of cholera patients be permitted to enter drains having a communication with the hospital and neighboring houses, or to reach the water-supply, however disinfected, there will be undeniable risk. If, on the other hand, they be destroyed by fire, the danger, if any, will be reduced to a minimum. This is a precaution which in all places should be adopted. If vigorously carried out, it would go a long way to restrain the propagation of the disease.—*Brit. Medical Journal.*

Phthisis a Modern Disease.

Dr. Hunt (Sheffield) argues that phthisis is a modern disease, and points out that the countries most free from it are the northern and colder regions. He recommends the selection of such countries for the cure of phthisical patients. He expresses himself as very skeptical on all medicines as remedial agents, having no faith in antiseptic inhalations, iodoform, etc. He is of opinion that, in the future, the treatment will come more under the domain of surgery; and that the drainage of a lung-cavity will be as recognized an operation as the drainage of an abscess of the hip.

Test of Death.

The prize of 40,000 francs has been awarded by the French Academy to a physician who announced that a certain test of death is supplied by simply holding the supposed dead person's hand to a strong light; if there still be life, a scarlet tinge will be seen where the fingers touch, showing a continuous circulation of the blood.—*Medical Herald.*

THE smell of roasting hare and the dust of ipecacuanha, linseed or flax, oats and scammony, are quoted as exciting causes of asthma in certain susceptible individuals.

Mastitis.

Inflammation of the breast arises from several causes: lactation, epidemic influence, exposure, spreading inflammation of the nipple, early represson of the natural secretion, obstructed lacteal ducts, mental disturbances (as fright and worry), bruises and injuries, and probably dietetic irregularities. Dr. Fordyce Barker gives the inflammation three anatomical locations: in the subcutaneous areolar tissue, in the gland itself; and in the areolar tissue between

the gland and the thoracic wall. As remedies, belladonna, conium, phytolacca, iodide of potassium, sulphide of calcium, aconite and quinine, each have their advocates. Phytolacca is especially recommended by some. Recourse must be had to the lancet, when necessary. Colchicum is sometimes employed with benefit.

Administration of Bromides.

Dr. Erleumeyer has recently advocated the employment of a combination of the bromides of potassium (two parts), sodium (two parts), and ammonium (one part), in all cases where bromide of potassium has hitherto been used. He has found the effect on the nervous system to be more marked and permanent, and the tendency to bromic acne much less (if not entirely absent) than when any one salt is given by itself. The treatment should be persevered in until the appearance of toxic symptoms, such as drowsiness, unsteadiness of gait and speech, etc.—*Brit. Medical Journal.*

Dr. Ellerslie Wallace, until two years ago Professor of Obstetrics in Jefferson Medical College, died recently in this city. The present class held a special meeting in regard to the event and passed a series of resolutions. It will be remembered that upon his resignation, two years ago, he was succeeded by Dr. Theophilus Parvin, of Indiana, who has now become one of the most popular members of the faculty.

Treatment of Graves' Disease.

We have at present a typical case of "exophthalmic goitre" under treatment, in which a gradual softening and diminution of the thyroid enlargement is noticeable, under the administration of tinctures of iodine and digitalis, and the topical application of oleate of mercury. The irregularity and palpitation of the heart is also manifestly corrected. The patient is a lady, forty-three years of age, of feeble general physique. The following are the formulæ employed:

℞ Hydrarg. oleat. (10 per cent.)..... ʒ iij
Acid. oleici..... ʒ j
Morphiæ muriat..... gr. ij

M.—Sig. Five or six drops to be applied with the finger night and morning.

℞ Tinct. iodinii.....
Tinct. digitalis.....ää... ♏ xlij
Aq. menth. pip.....ad... ʒ viij

M.—Sig. Two tablespoonfuls three times a day.

Carbonic Acid and the Blood.

The quality of the blood is deteriorated by the presence of carbonic acid, which partially destroys its hemoglobin and reduces its amount of oxygen. In this condition the respiration is hurried and irregular, and the nutrition of the tissues impaired. The presence of too much carbon is rendered manifest by the prominence and deep color of the superficial veins.

What Albuminuria Means.

The mere presence of albumen in the urine, in the absence of other corrobarative symptoms of disease, is not in itself likely to produce evil, but is a symptom that should call for serious and continued surveillance.

Cure for Stammering.

A correspondent in the *Lancet* writes that stammering may be cured by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jakey Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.

Alkaline Urine.

To correct alkalinity of the urine, benzoic acid may be conveniently taken in pill form, one-half drachm of the acid to a sufficiency of confection of roses, divided into 20 pills, of which two may be taken three or four times daily. In solution this acid is very unpalatable. —*Med. Chronicle.*

How to Predict Sex.

Dr. S. T. Lowry diagnosticates the sex of the fætus, at or near full term, by the pulse rate. He says that a pulse recording over 135 beats to the minute will prove to be that of a female child, while, on the other hand, if it be below that number, the child is a male.—*Texas Courier Record.*

THE *Lyons' Medicale* says that Professor Malgaigne is much dreaded by students on account of his irony at examinations. One day he was discussing some obscure points in a student's thesis, and the candidate replied almost at random. "Now, sir," exclaimed the irate examiner, "can you tell me what to create means?" "Create?" stammered the youth; "it means

to make something out of nothing." "That's good, sir," said Malgaigne; "we will now make you a doctor."

Night-Sweats and Phthisis.

The debility of phthisical patients diminishes as the night-sweats decrease; but this has little or no influence on the progress of the disease.

Diuretics in Angina Pectoris.

Diuretics are indicated in angina pectoris, when the urinary secretion is diminished, whether the kidneys be diseased or not, as the state of the heart dominates the situation. Squills, diuretic salts, water and caffeine are the best to employ. Citrate of caffeine, in about one-grain doses, is specially useful, as it acts as a heart tonic, and in this way is diuretic. It is also beneficial in cardiac asthma.—Prof. Leiden in *La France Medicale.*

Caffeine.

M. Huchard (Paris) calls attention to the tonic, stimulant and diuretic properties of caffeine. It may be prescribed internally and administered in solution, in the following form: Caffeine, gr. 5, benzoate of soda, gr. 5, distilled water, gr. 300. Two to five teaspoonfuls a day. But this sometimes is badly borne by the stomach, in which case it may be administered hypodermatically after the following fashion: Salicyate of soda gr. 3, caffeine gr. 4, distilled water, a sufficiency to make 10 cubic centimetres (2. 7 drachms). Each dose thus represents 0.10 cent. caffeine, and may be frequently repeated. These injections lower the temperature in typhoid fever and efficiently combat the various phenomena attendant on the general depression. It has a potent diuretic action in the treatment of cardiac affections. In the algide stage of cholera it has not as yet proved useful.—*Revue de Therapetique.*

Dr. S. T. Bruen suggests the following formula for internal administration:

℞ Caffeine .....
Sodæ benzoatis .....āā... gr. xv
Elix. aurantii .....
Aquæ dest .....āā... ℥ ij
M.—Sig. One teaspoonful for a dose.

Nerve Force.

Man is the highest type of the combination and correlation of all known and unknown forces. We call this force nervous or vital force. One man is superior to another man by the development, organization and adjustment of vital force. Health is the resultant. Disease and death are the natural outcome of defect in the due formation and elaboration of this force. Nervous exhaustion is the forerunner and prime agent in the production of all diseases, functional or organic. Each nerve cell, or recipient element, is united with its fellow, and ever ready when called upon to perform a certain amount of work, and when not called into action it is silently storing up energy and force. Excitement may arise in a nerve cell independently, without any visible external irritant. Nerve cells can transfer the excitement from one fibre to another. They can receive an excitement transmitted to them, and transmute it into conscious sensation. They are able to cause the suppression of an existing excitement. All movements which occur independently of the will are called automatic. All movements which are subject to the power of the will are called voluntary. Automatic movements, which are inappreciable in health, produce subjective sensations in disease and nervous exhaustion. Movements which in health can only be engendered by voluntary effort, are engendered automatically and incoördinately in states of diseases and nervous exhaustion.—Dr. Dowse, London.

For Uterine Hemorrhage.

Speaking generally, ergot, opium, acetate of lead, and subcutaneous injection of sulphuric ether (in collapsed cases) are the best and most reliable remedies in uterine hemorrhage.

For Cholera Infantum.

Dr. Bartholow recommends half-drachm doses of brandy, diluted and frequently repeated, in cholera infantum.

Divisions of Cholera.

Epidemics of cholera are subject to the same laws that govern the evolution and propagation of kindred virulent and infective diseases, and their arbitrary division and classification under divers forms, as *nostras, sporadic, Asiatic, epidemic,* has no more "raison d'etre" than similar appellations would have if applied to small-pox, scarlatina, or measles; neither of them have any given point of departure, nor can be considered, in their various degrees and forms, as diseases of a nature or origin other than under the names of small-pox, scarlatina or measles, nostras or exotic.—Dr. Forge, at the Academie de Medecine.

A Useful Application.

Equal parts of carbolic acid crystals and camphor, when warmed together, form a stable liquid, which is soluble in alcohol, ether, chloroform and ethereal oils (but not in glycerine nor water), and is useful as a local anæsthetic and antiseptic.—DR. SHAEFFER.

To Abort Sick Headache.

Dr. W. G. Wylie says that he always shortens, and sometimes entirely aborts sick headache, by the following plan: As soon as the first pain is felt, the patient takes a capsule containing one grain of inspissated ox-gall and one drop of oil of gaultheria, and repeats the dose every hour, until relief, or till six have been taken.—*Detroit Lancet.*

Cancer of the Tongue.

"What extent of tissue should be removed in this disease? The whole tongue? No. When an organ is quite isolated, as the mammary gland, nothing but entire enucleation will suffice. But here, in a region so continuous with tissues rich in lymphatics, the limit of the organ is a conventional one, and it is only necessary to remove those tissues already invaded. I must, however, call your attention to an important precaution to be taken many days before operating. We should accustom the patient to take his or her nourishment by means of a tube through the nasal fossæ. This requires a little time and education. But it becomes very useful. The wound of the operation will heal much more kindly if the patient is not exposed to the vitiating consequences of receiving—with his food—the secretions of the wound." DR. CH. SCHMIT.
Hospital de la Charite, Paris.

Vaccination and Skin Disease.

"Whenever or wherever there is any danger from smallpox, do not hesitate to vaccinate, whether any disease of the skin be present or not; the skin disease will not be aggravated, but more probably benefitted, by the operation."
PARIS. DR. MOULINET.

Stimulants in Pneumonia.

Dr. C. G. Smith, in the Kansas City *Medical Index*, says that he is a teetotaler in principle and practice, and does not believe that healthy men and women need stimulants; but he believes that alcohol has an important place in therapeutics. In this climate, where adynamia is a prominent symptom of pneumonia, he believes that the early and continuous administration of whisky and milk is most useful and effective.

Influenza.

Catarrhal fever, influenza, la grippe, or epidemic bronchitis, commences with coryza; the inflammation often extends to the frontal sinuses, eustachian tubes, and conjunctivæ. Frontal headache is a prominent symptom; and chills, feeble movements, lassitude, and anorexia. It often ends in diarrhœa or free diaphoresis. The disturbance of the system is out of all proportion to the pulmonary symptoms. It is not a local disease, but a general, essential fever, quite contagious, running a brief career, with bronchial inflammation as its anatomical characteristic. It is nearly always associated with biliousness, sometimes even jaundice. It is satisfactorily treated with calomel to commence with, followed by quinine, Dover's powder, turpentine, carbonate of ammonia, digitalis, etc., according to indication.

DR. C. P. MOORE, Macon Med. Soc.

[The inhalation of tincture of benzoin is highly efficacious in this disease.—ED.]

Beer in the Severe Vomiting of Pregnancy.

In the *Russkaia Medits*, No. 28, 1884, p. 582, Dr. O. Rodzewicz, of Orenburg, describes two severe cases of vomiting of pregnancy, where the patients, in the third and fourth months, vomited almost hourly, and sickness completely disappeared from the next day after the patients had commenced to drink beer.

The successful cases communicated by Dr. Rodzewicz induced Dr. P. Polansky, of Nijni-Novgorod, to try beer, a glass at dinner and supper, in the case of a primipara aged 25, in early period of pregnancy, with eight or ten daily attacks of vomiting. On the first day of the treatment the patient vomited only once, after which the sickness disappeared and did not return, although the treatment was continued for only four days.—*London Medical Record.*

Alcohol for Rest.

It is now urged that alcohol is sought after and demanded—not for stimulation, not for exaggeration, not for ravening lust—but for repose, quiet, and rest. The relentless unrest of the constitutional neurotic; the ever acting erethism of the weakened and poorly nourished, nervous

system; the agonizing appeal for repose which goes forth from the neurasthenic—ever thinking, and with no power to rest or change; these are some of the conditions hurrying the mind to insanity, which turn to anæsthesia and to alcohol for help. They seize upon strong drink as their best and only friend. It is a great step towards unveiling the truth to recognize the fact that anæsthesia is, indeed, that property of alcohol which is paramount in importance; and it is a substantial advancement to discover that the soothing property of alcohol is that which so imperiously demands the homage and worship of the helpless neurotic. This vindicates, to some extent, the manliness even of disease, for it shows that it is not always the riot of lust, or the satisfaction of inordinate and maniacal stimulation, which incites the inebriate when he seeks intoxication.—DR. WRIGHT, *in The Alienist and Neurologist.*

Quinine as a Parturient.

The following conclusions have been arrived at by Dr. A. Mullan (Ireland) respecting the value of quinine in labor-cases:

1. Quinine or quinetum in doses from four grains and upwards, in powder, will start pains afresh in twenty or thirty minutes. Repeated at intervals of half an hour or an hour, it will maintain them strongly.

2. It produces no headache—hardly ever a trace of the cinchonism caused by similar doses under other circumstances—nor sickness, the bitter taste being the only disagreeable circumstance connected with it.

3. The pains it produces are not continuous like those of ergot, but intermittent like those produced by normal labor, and evidently not the result of a special stimulus exerted over the uterus only, but of a tonic effect exerted over the whole economy. The patient often feels stronger.

4. The action produced, when ergot is given alone, in cases where the patient has been exhausted, seems often to be spent in the delivery of the child, leaving the uterus in a state of exhaustion, unable to contract upon and expel the placenta, allowing hemorrhage, and necessitating extraction. Such is not the case when quinine is properly used, either alone or before the ergot.

5. It can be used where ergot is absolutely contraindicated, with perfect safety both to mother and child. In one case five or six hours intervened between the giving of the first dose and the onset of pains and the delivery of the child, yet all was right. Except in one case, I do not remember a child having been born alive when more than two hours elapsed between the administration of ergot and delivery.

CLASS-ROOM NOTES.

[From the *College and Clinical Record.*]

—As a cheap, but useful laxative, Prof. Parvin advises the use of ʒ ss–ʒ j of bran, in a little water, taken at bedtime.

—In congestion of the portal system, with cerebral congestion, Prof. Bartholow states that colchicum is a most valuable remedy.

—Prof. Parvin reports a case of intermittent fever occurring in an infant but one week old, which he cured by the rectal administration of a solution of quinine.

—Prof. Brinton says the books do not lay sufficient stress on the fact that the cervical ligament may prevent displacement in intracapsular fracture of the thigh.

—As a disinfecting application to the throat, etc., in diphtheria, Prof. Da Costa prefers thymol, gr. v to ʒ j, to which may be added ʒ j of glycerine, if it be too strong.

—For a woman with the double cardiac lesion of mitral and aortic stenosis, Prof. Da Costa gave—

℞ Tinct. digitalis..... gtt. x
Tinct. cinchonæ comp..... f ʒ j
M.—Sig. Ter die.

—In lecturing upon post-partum hemorrhage, Prof. Parvin said that it is not always advisable to "turn out the clots," but if they are loose, then he would remove them; otherwise, if causing pressure, they would, to some degree, prevent bleeding.

—Prof. Da Costa says that one of the most efficient means of preventing the "pitting" of smallpox is by the application of—

℞ Hydrarg. chloridi corrosivi..... gr. j
Aquæ..... f ʒ iij
M.—Sig. Apply by means of a camel's-hair brush.

—In chronic bronchitis with asthmatic breathing, Prof. Bartholow prescribed in the clinic—

℞ Ext. grindeliæ fluidi.....
Ext. quebracho fluidi.....āā... ♏ xx
Ammonii iodidi..... gr v
M.—Sig. To be taken three times daily.

—In atonic dyspepsia, Prof. Da Costa prescribed—

℞ Tinct. nucis vomicæ..... gtt. x
Tinct. capsici..... gtt. j
Tinct. cinchonæ comp..... f ʒ j
M.—Sig. Ter die.

To this was added pepsin, gr. iij–v, with each meal.

—A man of sixty years was before the clinic a short time since, who complained of a frequent

desire to urinate. For two years he had kept an accurate account of the number of times he had voided urine. In 1883 he had performed the act 8000 times, and in 1884, 20,866 times. The condition was due to an enlarged prostate.

—In a case of hepatic colic with a tendency to the formation of biliary calculi, Prof. Bartholow prescribed—

℞ Sodii cholat..... gr. xxx–xl
Extract. nucis vomicæ..... gr. ij ss

M.—Fiant pil. x. Sig. One pill ter in die.

The cholate of sodium will help to keep the bile in a soluble condition.

—For a boy, fifteen years old, suffering from bronchial catarrh, Prof. Da Costa prescribed—

℞ Ammonii chloridi..... gr. x
Chloroformi..... gtt. v
Mist. glycyrrhizæ comp..... f ʒ j

Sig. Ter die.

Turpentine was ordered to be rubbed upon his chest.

—When there are present relaxation of the genital organs, diurnal losses and inaptitude for coitus, from irritability, Prof. Bartholow states that the following may often be found very useful—

℞ Ergotin (aqueous extract)..... ℈ j
Sanguinarinæ..... gr. ij

M.—Ft. pil. No. xx. Sig. One pill three times a day.

—In the clinic Prof. Bartholow has frequently prescribed the oil of wintergreen in rheumatism, with excellent results. A useful combination is—

℞ Ol. gaultheriæ..... ʒ j
Acidi salicylici..... ℈ iv
Sodii biborat..... ʒ j
Syrup. picis liquidæ.....
Aquæ anisi.....āā... f ʒ ij

M.—Sig. Dessertspoonful every four hours.

—In lymphadenoma, following scarlet fever, in a girl of seventeen years, Prof. Da Costa prescribed—

℞ Acidi arseniosi..... gr. 1-40
Ferri sulph..... gr. ij

M.—Sig. The pill ter die.

Over the enlarged glands rub—

℞ Ung. iodi.....
Ung. belladonnæ.....āā... ʒ ss
Camphoræ..... gr. v

Mix.

—For a case of ichthyosis occuring in a boy aged twelve, Prof. Bartholow prescribed—

℞ Saponis mollis..... ʒ iij
Ol. cadini..... ʒ j

M.—Sig. Rub it into the skin thoroughly at night, after the removal of the scales.

He was also given—

℞ Ext. pilocarpi fluid..... gtt. xv

Sig. Twice daily.

The dose to be increased until the full physiological effects are to be obtained.

—As a tonic in the asthenic type of fevers Prof. Gross advises the following:—

℞ Quininæ sulphat..... gr. ij
Tinct. ferri chloridi.....
Acid. hydrochlor. dilut.....āā... gtt. xv
Tinct. nucis vomicæ..... gtt. x
Syr. zingiberis..... f ʒ ij

Mix.—Sig. This amount ter die.

Instead of the nux vomica 1-40th grain of strychninæ sulphas may be employed.

—In hemicrania, in a woman who was also troubled with acid dyspepsia, Prof. Da Costa prescribed bromide of nickel, as follows:—

℞ Niccoli bromid..... ℈ ij
Ol. gaultheriæ..... gtt. vj
Syrup. tolu.....q. s... f ʒ ss
Aquæ.....ad... f ʒ ij

M.—Sig. Teaspoonful ter die.

After awhile the dose of the bromide is to be doubled. At night aloin, gr. 1-10th, is to be taken, followed in the morning by ʒ j of potassi et sodii tartras.

—In chronic gastric catarrh, due to alcoholism, Prof. Da Costa advised—

℞ Argent. nitratis..... gr. 1-48
Ext. belladonnæ..... gr. 1-16

M.—Sig. Ter die.

And for accompanying constipation, he prescribed—

℞ Pulv. ipecac..... gr. ¼
Pulv. rhei..... gr. ij
Ext. colocynth. comp..... gr. j

M.—Sig. To be taken at night.

—For an irritable condition of the neck of the bladder, causing frequent micturition, a favorite as well as efficacious prescription is the following of Prof. Pancoast.—

℞ Lupulinæ..... ʒ j
Tinct. opii camph..... f ʒ j
Infus. buchu..... f ʒ iij
Syr. d. orgeat..... f ʒ ij

M.—Ft. mist. Sig. A teaspoonful to a dessertspoonful, in water, four times a day.

To render the above still more useful, an opium suppository, gr. ss, may be placed in the rectum morning and evening.

—A young woman came to Prof. Bartholow's clinic complaining of obstinate constipation, having no evacuation for a month or six weeks. She was placed upon—

℞ Ext. physostigmatis.....
Ext. nucis vomicæ.....
Ext. belladonnæ.....āā.... gr. ¼
Ext. aloës..... gr. ij
Ferri sulphatis..... gr. ss

M.—Ft. pil. Sig. To be taken ter die.

The iron was added to the pill because the element of anæmia existed; while, if the patient was plethoric, the addition of a small amount of tartar emetic would be indicated. In this case massage was advised also.

Thoughts of Leading Medical Thinkers.

—After a fair and fruitless trial of remedies in the pernicious vomiting of pregnancy, abortion should be induced, thereby anticipating the supervention of dangerous prostration. The too conservative teaching of our best authorities on this subject is liable to engender a system of waiting and hoping, which must *too often* lead to disastrous results.—N. L. GUICE.

—There is no practice common among physicians more barbarous than the administration of cathartics in bowel obstructions. * * Opium to completely arrest peristaltic action, allay all spasmodic contraction, and relieve pain first. Then the gradual injection of lard oil, at a temperature of 98 or 99° Fahr., until all yielding obstructions are overcome. If relief is not obtained, continue the opium with or without laparotomy; but don't set up within the patient a little hell on earth by the administration of purgatives.—J. D. SMITH.

—It is a fact not so generally known as it should be, that a small stream of water poured from a considerable height on the scrotum will cure any case of simple congenital hydrocele. —J. M. TAYLOR.

—There is no possible chance of relief to those who are inclined to the lithic acid diathesis, if they arrest oxidation by the use of stimulants or narcotics of any kind.—ALFRED CARPENTER.

—The first duty of the physician is to refrain from attending a case of labor when fresh from the presence of contagious diseases, or from contact with septic materials, whether derived from the dissecting room or the clinic. Skepticism regarding these sources of danger is sure, in the long-run, to be severely punished. In a doubtful case the least concession should consist in a full bath and a complete change of clothing.—WILLIAM THOMPSON LUSK.

—On the whole I am far better pleased with the following mixture as an anæsthetic than any other: Two parts of ether and one of chloroform, given by means of Clover's apparatus.—LAWSON TAIT.

—The public cannot understand medical controversies, except from what appears on the surface. A "doctors' quarrel" seems to the non-medical community like a fight between drunken men in the dark.—FORDYCE BARKER.

—Of 138 cases of Porro's operation, collected by Clement Godson, M.D., 77 deaths are recorded against 61 recoveries. It must, therefore, at present be regarded as a most severe proceeding. * * We are yet far off the day when it will be possible to decide which of the three, Porro's operation, Cæsarean section, or laparoelytrotomy, affords the safest chance for the mother.—FANCOURT BARNES.

—The crying medical error of the day is the mistaking nerve disease for womb disease. From this widespread delusion it has come to pass that no organ in the human body is so overtreated, and consequently so maltreated as the womb.—WM. GOODELL—*Miss. Valley Medical Monthly.*

The Effect of the Seasons on Health.

La Higiene para Todos has published, in a series of short articles, some excellent advice on the best means of preserving health during the change of seasons.

There is nothing more dangerous than sudden and extreme atmospheric changes. We have had them very frequently this winter in this country. During cold weather the clothing should be carefully adapted to the changes. Food should be nourishing, and a moderately free use may be made of aromatics, and of pure wines and liquors.

The most dangerous affections resulting from atmospheric changes are inflammations of the mucous membranes, laryngitis, bronchitis, and, above all, pneumonia.

Care should be taken when leaving theatres, cafes, public meetings, and, in general, all those places in which many persons have been brought together. With good wraps there is no reason to fear the cold.

Another very serious result of sudden changes is severe gastric derangements—to be avoided by the same means.—*The Sanitarian.*

Dyspepsia.

All diseases and excessive indulgences predispose to dyspepsia; but in the large majority of cases it originates and is perpetuated by mental causes. An examination into the previous history of cases will frequently show the affection to have been preceded by mental inquietude of some sort. Persons of certain

mental constitutions are especially prone to this disorder, namely those who are constantly anxious in regard to their financial or social success, or allow their minds to dwell on imaginary troubles. It has been shown that dyspepsia is most frequently observed between adult age and middle life; after that the worries of life are taken more calmly; and that those engaged in intellectual pursuits and those leading sedentary lives, such as lawyers, bookkeepers and clerks, form a large percentage of sufferers with dyspepsia is well known. The laboring classes are not prone to dyspepsia; neither are epicures nor gourmands; the latter more usually suffer from gout.—Dr. GOODE (Miss.).

Progress in the Treatment of Skin Diseases.

The last decade, more than any previous period, has been productive of a system of application of physiological processes to the pathic involvement of skin affections. The dermatologist of this day, who simply depended on the older remedies for support in combating the various cutaneous troubles, would, indeed, be left behind by his more practical colleagues in practical results. The tar treatment of psoriasis has been almost entirely supplanted by naphthol, pyrogallic acid, and chrysarobin. Scabies, which was thought to be conquered by sulphur, with its unpleasant odor, is now more clearly and speedily overcome by napthol and chlorinated oil. The oleates in their various forms and varied names have proved unexceptional remedies in as many different types of disease of the skin. Favus, once thought almost incurable, is now tractable, without epilation, to mercuric oleate and copper oleate. Trycophtosis may be said to vanish almost visibly under the use of copper oleate. Ulcerating lupus and chronic ulcers I have shown to yield most readily to the irritant action of the jequirity infusion, when but a short while ago they were only to be met by the cautery, the curette, etc., or the use of caustics. Arsenic is found to answer better, when used hypodermically, in many cases, while the same method of exhibiting mercury seems fair to take the place of inunctions and other specifics for syphilis.—DR. J. V. SHOEMAKER.

The Work of Quacks.

The medical impostors—the quacks of universal cures, as "Hudibras" calls them—are more destructive of life than war, famine and pestilence. In the southern cities the death-rate among the colored people is fifty per cent. greater than among the whites. Here in Memphis the white population double that of the blacks, but the mortuary reports for each week show more deaths among the negroes than the whites. The cause of this fatality among the colored people can be traced chiefly to quackery. The negroes are naturally superstitious and believe there is more virtue in conjuration than medicine, and they cling to their superstitions and seem to learn nothing by the fearful mortality among their race. The negro quacks reap a rich harvest on this credulity. They have a specific for every ailment, and knowing nothing about the disease, the cause and effect, their remedy aggravates instead of curing. The recent arrest and conviction of a negro quack in this city who killed his patient by his ignorance of medicine, may be taken as a sample of the malpractice of the quacks. All such creatures are enemies to the human family. For killing one man the murderer is executed upon the gallows; but the quack who daily kills men, women and children, lives sumptuously by robbing his victims. * * * The only safe rule is for the public to have nothing to do with medical quacks—to employ only the accredited physicians of some of the regular schools. They do not always cure, but as a rule they can diagnose the case and prescribe for it intelligently. They have the benefit of the accumulated knowledge of science, the books, medical colleges and their own experience. No one who habitually sneers at the teachings of the medical schools should be tolerated by the sick, either as a physician or as a nurse. It is one of the inexorable laws of nature that all must die, and because a regular medical graduate cannot always cure, that is no reason for regarding medical science as a humbug, or the quack as good as the scientific physician. Thousands of cases daily occur where human life is saved by science, and where the patient would have died if in charge of quacks. The medical impostor is an enemy to the human family, and should be treated as such.—*Memphis Appeal.*

The Menstrual Wave.

The ancients, as well as many mediæval physicians, attributed menstruation to some great perturbation of the system, some general change, whereof the catamenial flow is but a local manifestion. Abstract reasoning of this kind is not always founded upon nothing more solid than the mental ingenuity of some professor of medicine of a past era. There is strong reason to believe that it is nearer to truth than the theory more prevalent in the nineteenth century, a theory that menstruation is local, and either an

essential element in the process of ovulation, or else a sign of certain periodical movements of the Fallopian tube, accompanied by congestion of the tubal and uterine mucous membrane. Ovulation and local congestion are facts, but clinical observation tends to show that menstruation is a constitutional process. Drs. Goodell, Mary Putnam Jacobi, Stephenson, Von Ott and Rabuteau have all furnished evidence in favor of the old theory. They are supported by the recent researches of Dr. Reinl of Franzensbad, published under the title of "Die Wellenbewegung der Lebensprocesse des Weibes," in Volkmann's *Sammlung Klinischer Vortraege*, No. 243. After taking every precaution to avoid fallacy, he took the temperatures of a number of cases, and arranged his observations under certain headings which constituted an artificial division during each menstrual cycle. Taking the "menstrual period" as lasting about four days, he marked off on his temperature-charts four days before the "show" as the "premenstrual period," and four days after as the "postmenstrual period." The remaining division of the cycle, including about sixteen days, was marked off on the charts as "the interval." In eleven out of twelve healthy cases, a perfect menstrual wave displayed itself on each chart, when the temperature had been carefully marked off through two or three cycles. The crest of this wave, in other words, the highest temperature, represented the premenstrual period. The temperature was at its lowest during the middle of the first half of the "interval;" it then steadily rose till the second half, when the rise became more rapid, reaching its heighth at the "premenstrual period." It fell steadily and rather rapidly during the menstrual period, the fall continuing but becoming slower during the "postmenstrual period," and reaching its lowest point in the midst of the first half of the "interval." In cases of operation upon the pelvic organs, the after-temperature tended to rise to its highest point during the menstrual, and not during the premenstrual, period. Dr. Reinl is not of opinion that the normal fall of temperature during the menstrual period is due to the loss of blood. These changes of temperature, which were calculated morning and evening with great care, hardly ranged over one degree centigrade, yet the records in the healthy cases under Dr. Reinl's observation showed a remarkable uniformity.—*Brit. Med. Journal.*

Death from the Cold Douche.

BY L. C. ARMSTRONG, M. D., TAYLORVILLE, ILLS.

On the 28th of January, 1885, Mrs. S., a widow, 23 years of age, pregnant in the fifth month with her second child, met her death under the following startling circumstances:

On the afternoon of the above date, Mrs. S., while entirely alone, took advantage of the absence of her parents to try what virtue there might be in the cold douche when directed against the os uteri, toward producing an abortion. She had a few days before expressed to her sister the desire for riddance from her present condition, wishing to be delivered of the child in utero.

For two hours her parents were absent on that afternoon, from 3 to 5 o'clock. On their return, they at once on entering the house missed their daughter, Mrs. S., in whose care they had left their home during their absence; on making search for her they sought her bedchamber; finding the door locked an entrance was forced. A sad sight met their gaze. There lay the dead body of the daughter whom they had left in perfect health not three hours before. Between her limbs was a basin of cold water in which lay a Davidson syringe.

No post-mortem examination was made, but the testimony before the coroner and jury proved very clearly that no drug had been taken.

It was evidently a case of death from shock produced by the stream of cold water thrown with criminal intent into the vagina and against the congested os of a pregnant uterus.

The patient was an extremely healthy lady who had suffered but little in her first labor, and that this strong constitution should so suddenly succumb to the cold douche should indeed be a warning to women of the danger in the use of so simple an instrument as the Davidson syringe.—*Weekly Medical Review.*

Essentials of Wholesome Beef.

Good beef should be bright-red in appearance, the muscular parts firm and elastic, the fat hard and light-yellow or white; it should be free from all substances calculated to expedite putrefaction, such as exuded blood, bruises, or extraneous dirt. To produce such beef it follows that the animal from which it is taken must be in a perfectly healthy condition and of the proper age when slaughtered, and that the process of slaughtering and preparing for market must be conducted in such a way as to obviate anything tending to vary from the conditions just enumerated.

Certain conditions may be enumerated which invariably tend to produce poor, unhealthy as well as unsavory beef, while others just as surely will result in good, healthy and appetizing meat. No one can deny that long driving and

exhausting railroad journeys in crowded cattle cars, without sufficient food and water, the animals goaded, beaten and bruised by brutal drivers, frightened by unusual noises, will cause an inflammatory, congested condition of the meat, and can never result in good, wholesome beef. Again, the careless handling of the dressed meat, filth and dirt allowed to accumulate about the meat in the slaughter-house, insufficient emptying of the blood from the carcass, all injure the quality of the beef.

And yet another consideration, which is that beef should be long enough killed, before it is cooked, to have allowed of complete relaxation of the muscular contraction of the fibre without permitting even the slightest decomposition to take place. We must not for a moment lose sight of the fact that any process of decomposition may be arrested by antiseptics, yet can never be undone; or, in other words, the destructive work can never be so remedied as if it had not taken place.

It is clear, then, that healthy animals of a proper age, well rested, fed and watered, killed in such a manner as to produce the least fright and congestion, dressed in the cleanest possible manner, completely deprived of the excessive blood and animal heat, and so kept as to prevent even the slightest decomposition, will furnish the best, most wholesome and appetizing beef.

Artificial Butter.

J. W. Lynch, editor of the *American Marketman*, says, that "he honestly believes that an artificial butter, made in a proper manner by competent manufacturers, is a boon to mankind, in value second to nothing that has been discovered or invented during the present century." And further, that he "is prepared to prove that oleomargarine is as healthy, nourishing, pure and in every respect the equal of good, and superior to poor butter."

Over-Feeding of Stallions.

The average age of horses is usually placed at twenty-five years, though it is rare that a horse's treatment is such as to allow of his living out his full term of years. It is worthy of note that stallions seldom live long, and the cause attributed by the best authorities for this peculiarity is that they are usually overfed and under-excercised in comparison with geldings and mares, which are found to live longer. Even the brood mares outlive the stallions. The over-feeding and under-exercising of stallions are features of their treatment. It would seem to be sufficient answer to those who still hold to the notion that the stallion requires such different treatment from others of his kind, that it results in shortening the natural term of his life; and such a result is, of course, strong evidence of impotence, which is nothing more than loss of vitality.

Treatment of Corpulence.

The plan here advocated appears rational, and is free from the objection to Banting's method, which is too much like starvation. The following is the diet used successfully by Ebstein, in one of his cases:

Breakfast: One large cup of black tea—about half a pint—without sugar; two ounces of white bread or brown bread, toasted, with plenty of butter.

Dinner: Soup, often with marrow; from four to six and one-half ounces of roast or boiled meat, vegetables in moderation, leguminous preferably, and cabbages. Turnips were almost, and potatoes altogether, excluded. After dinner, a little fresh fruit. For second course, a salad or stewed fruit, without sugar. Two or three glasses of light wine, and, immediately after dinner, a large cup of black tea, without milk or sugar.

Supper: A large cup of black tea, as before. An egg, a little fat roast meat, or both, or some ham with its fat, bologna sausage, smoked or fried fish, about one ounce of white bread, well buttered, occasionally a small quantity of cheese, and some fresh fruit.

On this diet the patient lost twenty pounds in six months.

Ebstein insists on the necessity of always keeping to the restricted diet if the tendency to corpulence is to be successfully combatted. —*Ther. Gazette.*

Chestnut Leaves for Whooping-Cough.

An infusion of two drachms of fresh chestnut leaves in half a pint of boiling water, given in two-ounce doses, is stated by Dr. Coopreider to be efficacious in the treatment of whooping-cough.

THOSE who fail to subscribe while the Chart, "The Urine in Disease" is given as a premium, will miss a genuine opportunity. The price of the Chart alone is fifty cents. Until the first of June it will be given to subscribers to THE WORLD. Both WORLD and Chart for one dollar. Send your subscription without delay.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

CERTAINLY it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Pneumonia—Replies, Etc.

Editor MEDICAL WORLD:

A few thoughts occur to me from reading the last few numbers of the WORLD, and some of them may be worth committal to paper. The first is: How comes it that so many physicians have certain methods of treatment for pneumonia, which are by them claimed as almost specifics? I see that several of the recent contributors in your periodical offer such methods and urge their readers to try them, as experience has amply proved their efficacy. Now I believe that, as a rule, where a variety of specifics for the same disease are vaunted some explanation is proper. Why are such diverse remedial plans successful? Let us then, examine the merits and demerits of this matter—and right here I want to tell the story of a very valuable lesson on pneumonia which I learned some years ago, in my earlier practice.

I was at that time one of the city physicians of A——, a place of about 40,000 inhabitants, and had a young man just completing his medical studies in my office, whom I will call Jones, and who was above an average for shrewdness and intelligence.

I was called one day to see an old negro, 52 years old, who had been lying very ill for four days before I was sent for. On examining the old man I found him to be seriously ill of a bilateral, croupous pneumonia, affecting the lower lobes of both lungs, respiration quite difficult, general blood stasis well marked, rusty sputa, fetid breath, and almost constant cough. He lay all alone in a filthy cabin, about 14 x 16 feet, no window, no fire, bed beside the only door (which was open for light), and only the scantiest of ragged bed-clothing. It was in the cool weather of late spring. From him I learned that his wife was away every day washing, and that he lay alone during her absence, with water within reach and nothing else to depend on but Providence. As the city required of us, it was our custom to make all patients furnish their own medicine if they were able, and if they were not, we sent our prescriptions to the one drug store where the city ran an account. In this case I asked Uncle "Remus" if he could buy some medicine, and was at once assured that he owned his cabin and that his wife had about $23.00 sewed up in her dress, and when she came home he could readily get it. It was then late in the afternoon so I did what I could for the old man and left a prescription, feeling that his environments were highly unfavorable to the "survival of the fittest" in his particular case. That night I was summoned out of the city and did not get back till the next night, and at noon the following day I was myself ill and in bed when a small child called for me to visit Uncle R. again. I was obliged to send my student, who returned with the following report: Extensive double hepatization, old fellow apparently almost in articulo-mortis, muttering delireum when dozing, and all indications of an early demise. To cap the climax, his amiable (?) wife coolly told Mr. Jones, that the city paid me to furnish my own medicine, and she had not, nor did she intend, to spend a cent of her hard earnings for that purpose. My patient had had no medicine at all since my visit!!! I was ill two days after this, and Remus slipped my mind; nor was I sent for again. Two months later I employed a young negro man to do some work for me, and finding that he was from that part of the city where Remus lived, my curiosity was excited to know how long the old fellow survived without medicine or nursing, and I asked him, if he knew Uncle R. "Yes, sah!" was the reply. "When was the old man buried?" I asked. "Why, he ain't dead!" he answered in quick astonishment. "Not dead!" and it was my turn to be surprised; "I thought he died last spring," I said. "You mean when he had dat bad spell? No, sah! he got well and was at my house last night, boss. Did you doctor him?" "No, I don't think he had any doctoring," I answered sententiously, and walked away. I followed up this case, and sure enough old Remus had survived as severe and extensive a pneumonitis as it has been my lot ever to see a patient recover from, without a remedy, without any nursing, without proper diet, and wholly exposed to the vicissitudes of changeable spring weather.

Perhaps this anecdote may serve others as it has me, and save the many patients of my confreres (who read the WORLD) from extensive drugging in this complaint. It may end the faith of some in their pet specifics for pneumonia, as it opened my own eyes to the inherent recuperative powers of the system when untrammeled by hurtful drugs. Nor do I mean to decry the judicious use of remedies in lung fever; but gentlemen, don't, for heaven's sake,

give us any more specifics for pneumonitis. I have treated a great many cases since the foregoing happened and found that I could manage them with a very fair degree of success compared with my neighbors, withont marrying any one set plan of treatment. Prof. Flint well says, in his practice of medicine: "Occurring as a primary disease, * * * uncomplicated, and the person affected having a fair constitution, the intrinsic tendency is to recovery; indeed, recovery is not only the rule but the exceptions are exceedingly infrequent." Other authorities of eminence corroborate this view, and certainly my individual experience and observation are in accordance therewith. In the same work Prof. F. narrates a remarkable case of recovery, similar to the foregoing, under the most disadvantageous circumstances.

Dr. Yager, in your last issue, asks the opinion of the profession as to his management of a prolapsus of the cord in labor. If he did all he could to promote a speedy delivery, I unhesitatingly say that no blame should be attached to him for the death of the infant. My own experience has been that no method of retaining the cord in situ, after reposition, avails much in the majority of cases. The safety of the child largely, if not fully, depends on expediting the labor so that delivery may only be delayed a few minutes. Early prolapsus, before dilitation admits of such measures, has uniformly proved disastrous with me, whatever the presentation.

Dr. Williams' case, from so much of the history as he gives, omitting the temperature, urinary state, and treatment, which he does not give, strongly savors of uræmia from some affection of the kidney.

I have just dlscharged as convalescent a case of measles occurring in a stout, healthy young man of about 21 years, a student in our university. The peculiar feature of the case consisted in complete retention of urine during the whole four days of the dermal and mucous turgidity associated with the rash, the symptoms of which led me to believe that intumescence of the vesical cervix produced the trouble. Catheterization was required regularly, and was painless, until the erruption perceptibly faded, when urination became easy without treatment. The urethra seemed injected, as were the nares, fauces, and conjunctiva—rather more than usual, indeed, showing a general blennymetial tumidity and laryngo-bronchitis, with sub-acute gastro-intestinal symptoms, etc., confirmed its extension to *all* the mucous surfaces. This is the first case of the kind I ever met in hundreds of cases of measles.

E. A. Cobleigh, M. D.

Athens, Tenn.

Prolapsus Funis.

Editor Medical World:

Please allow me space in your valuable paper to state (in answer to the request of E. J. Yager, M.D,) that like him I was so unfortunate as to be called to a case of "primipara, prolapse of cord, and pedal presentation," and assisted as I was by a counselling physician of no mean reputation, could not reduce the cord so that it would remain in position, and consequently the babe was lost. Furthermore, I consider that he who encounters a similar case and rescues the babe, may truly be proud of his achievement. W. J. Hoadley, M.D.

Danville, Ind.

Another Record.

Editor Medical World:

When a boy, I occasionly attended a Methodist love feast, and I remember that there were always a few that could always "read their titles clear;" but a much larger number had their trials and tribulations. In your February number there are some very happy and fortunate experiences given; but I think some of the authors do not possess much of the spirit of charity.

For the past six months I have been practicing among a hardy class of Dakota pioneers, and during that time I have only attended about twenty obstetrical cases; but among that few I have had one monstrosity, one delivery by forceps, and four where the cord was round the neck of the child. Last evening I delivered a fine, healthy boy, having an extra finger on each hand and also an extra toe on each foot. The extra toes have also an extra metatarsal bone, but the fingers have not. They are attached to the outside of the head of last metacarpal bone by a nearly perfect joint. Flexion and extension are uniform with the other fingers, although they are at nearly right angles with the hand. I will remove the extra fingers in a few days.

I assisted once in an operation for laceration of perineum, but not in my own practice. Have one case of ovarian tumor on hand on which we will operate soon.

We are obliged to perform many operations here that country physicians living near the "city doctors" would not perform; but many of our patients cannot afford to go so far for treatment.

A few months since a boy twelve years old was gored by a bull. Horn entered right side of the neck, ruptured the œsophagus and passed up the same to the roof of the mouth. The rent in œsophagus was transverse. I closed

it with two stitches. The boy has made a complete recovery and has not a sign of even a stricture.

Now here is a case of which there is probably not more than twenty-five on record, and yet this one happened out here in a country practice in Dakota.

Because some old practitioner, in his thirty or forty years experience has not had similar cases, it does not disprove the facts, although he may say it is "fashionable" to record them. I am glad that it is so, and I hope to hear more of them from other country practitioners through THE MEDICAL WORLD. If anything unusual should occur in the next thirty years of my practice you may hear from me again.

SCOTLAND, Dakota. J. Q. ADAMS, M.D.

Alopecia Universalis.

Editor MEDICAL WORLD:

A few days ago I was consulted by a young man troubled with the above disease, and as it has many features of interest, and wishing a little more light as to its cause and treatment, I thought to have it reported and laid before the many readers of the WORLD.

The patient gave the following history: age twenty-nine, unmarried, weight 150 pounds. His occupation for the last year and a half has been as fireman, attending a furnace in a linseed oil refinery, working alternate weeks at night. Has never had any severe illness and is not now troubled in the least, no sore throat and nothing to lead one to suspect a constitutional trouble. Says he never had any form of venereal disease, neither is there any trace of syphilitic heredity or scrofulous diathesis, or any tendency to baldness in the family. Father, mother and several brothers living who are blessed with a full and thick crop of hair. Two years ago he observed that the hairs commenced to fall out, commencing above and back of the ears, leaving big bare spots, which gradually extended until the head became entirely bare four months ago. The process was at first very slow and gradual, but after he had been working about the furnace for some months the falling of the hair was very rapid; so at present the head is as smooth and shining as a billiard ball, with not even a down of hirsute appendage to be seen; and not alone the scalp, but the eyebrows, eyelashes, beard, armpits and pubes have been devastated in the same way, leaving him entirely hairless on every part of the body. The skin is without scales, soft and white. He is somewhat anæmic, but otherwise his health seems to be good; appetite and digestion normal.

I would be glad to hear suggestions from any member of the profession on the cause, and what could be accomplished by treatment. For treatment I directed the free use of castile soap and hot water once a day, and, after wiping dry, to apply with gentle rubbing a small quan- of a stimulating lotion, consisting of carbonate of ammonia, quinia and tr. cantharides in bay rum and a little glycerine, and the internal use of three minims of Fowler's solution, three times a day after meals.

ALFRED DAHLBERG, M.D.
2443 Wentworth Ave., CHICAGO, Ill.

External Treatment for Consumption—Absorbent Cotton—Fluid Extracts.

Editor MEDICAL WORLD:

In the Philadelphia *Medical News* for March 8th, 1884, Thomas J. Mays, M. D., of Upper Lehigh, Pa., contributes a very interesting article on "The External Therapeutics of Pulmonary Consumption." Since then I have watched for a further communication from him or others concerning this method of treatment. Will this gentleman, if a contributor to your valuable paper, or any other of your numerous subscribers, kindly give their experience in the method of treatment therein described? I might state, for the benefit of any who may not have seen the article referred to, that the method of treatment therein described consisted in the application of warm poultices, preferably a steam jacket described by the writer, to the chest for several hours a day, combined with massage and internal tonics, as cod-liver oil, etc.

2. Can you inform me how absorbent cotton is prepared?

3. Also how fluid extracts are prepared?

W. F. P.

POINT MAMAINSE, Ontario, Canada.

[Absorbent cotton differs from ordinary cotton only in being deprived of its oily matters. This used to be done by means of ether, but it is now done by means of alkalies. For details of process, see U. S. Dispensatory, page 722, (edition of 1883 or later.) Fluid extracts of different drugs are made as the peculiarities of each drug may require. For details see U. S. Dispensatory or Pharmacopœia.—ED.]

Craniotomy—Its Justifiableness.

Editor MEDICAL WORLD:

In reading the article in the March WORLD, entitled "More Obstetrical Experience," I was somewhat amazed and fearful lest the off-hand manner in which the writer narrates his ex-

perience in performing the opperation of craniotomy might stimulate the hordes of young M.D.'s who are annually turned out on the public, from our medical colleges, to "go and do likewise."

I do not doubt but that the writer's method of operating in these cases is a good one, neither do I doubt the necessity of this "dernier resort" in his cases. But I do think that an article descriptive of so fruitful an experience with an operation of such terrible importance as that of craniotomy ought to be written out more in detail, giving the circumstances demanding such interference. Such an article would be very beneficial to those of us who have never been called upon to use the cranial perforator or forceps, but who, nevertheless, are liable to receive such a summons at any time. The Doctor merely states the fact of his operating on four particular occasions, and then goes on to say, "as soon as I was able I bought Dr. Meigs' craniotomy instruments and have used them ever since," leaving the reader to infer that this (to me, horrible) procedure was no uncommon one with him. Numerous questions naturally arise as to the circumstances demanding the operations in his cases. Were they subjects of prolonged and tedious labor, syncope, convulsions, presence of an obstructing morbid growth, deformed and contracted pelvis? Was the head of the fœtus abnormally ossified, hydrocephalic, or was the child a monstrosity?

An important question to decide, relating to craniotomy, is whether or no the operation ought ever to be performed in those cases generally known as prolonged, tedious and painful labors, where the head is considerably advanced, but seems immovably impacted in the pelvic canal for hours at a time, while the mother is undergoing the most excruciating pain and physical exertion, and when there is no evidence of deformity on the part of the bony pelvis. I have no doubt but that this operation has been frequently performed under just these, or similar circumstances, where a judicious use of the obstetric forceps, or even a "do nothing" course would have terminated the case all right. Many a normal pelvis has been distorted (in the mind of the impatient attendant) into an ugly, contracted one. An impulsive and impatient man can do more harm to the human race when acting the role of obstetrician, than would be possible were he engaged in the practice of either medicine or surgery proper. The very privacy of his work shields him from observation and popular denunciation. Were the same errors perpetrated in the practice of surgery, he would be sure to be denounced. For instance, if it be noised about that Dr. —— delivered Mrs. —— of a child piecemeal in order to save the mother's life, the act would be regarded by the public as a courageous and heroic one on the part of the doctor; but few would be so bold as to question the necessity of the procedure. If, on the other hand, the surgeon sees fit to amputate a diseased or mutilated finger, arm, or leg, where in his mind an operation seems imperative for the safety of the patient, the public are quite inclined to criticise his action, and he will be kept busy explaining and quoting authorities to sustain himself.

Of the two, that physician who has desisted from the use of the craniotomy instruments the greater number of times in tedious and painful labors, is far more worthy of praise and commendation than he who, through impatience and utter dismay at the fixed condition of the child's head in the pelvic canal and the mother's cries, plunges the perforator into the fœtal cranium and delivers in haste with the craniotomy forceps. The fact that a doctor has in his possession multitudes of the rarely used instruments, is a strong incentive for him to use them. Some physicians, being aware of this fact, habitually and intentionally leave their forceps, etc., behind, at their office or residence, when called upon to attend an obstetric case.

T. B. FOWLER.

COHOCTON, N. Y.

What Will Stop Lacteal Secretion?

Editor MEDICAL WORLD:

About February 10th I delivered Mrs. C. of twins, and they both died within twenty-four hours. I feared trouble with the breasts, as the lady had always had a copious flow of milk with her other children, so I gave careful directions as to their care. Her progress seemed in every way satisfactory for eight or ten days, when there began to be a considerable quantity of milk in the left breast, accompanied by some induration and swelling.

The breast inflamed, and an abscess formed, from which I liberated a large quantity of pus. Then milk appeared in the right breast, and has continued to flow in varying quantities until the present time, and the breast is secreting more now, probably, than it has at any time previous. Milk again appeared in the left breast, after the abscess had nearly ceased discharging, and continued to be secreted for several days, but it has now disappeared.

I have used belladonna plaster faithfully without any visible effect; decoction of phytolacca root, solution of acetate of lead and opium, camphorated oil, and a three-grain solution of atropia sulph.

Now, will some medical brother help me out? What can I use with a reasonable degree of hope that it will have a restraining influence on those breasts, in the way of diminishing the secretion of milk?

I would also like to ask those who have had experience, the best plan of disinfecting houses, clothing, and especially, feathers, from small-pox contagium. We had a considerable epidemic of that disease in this county during the past autumn and winter, and I was employed by the county authorities to quarentine and disinfect the houses, and had to work according to my own judgment in a great measure. It seems to me this is an important matter, and one about which very little is written; and very few physicians have had experience enough to be of any value to them.

S. E. MORSE, M.D.

AURORA, Dakota.

[A few years ago a medical friend of ours had an obstinate case of excessive secretion of milk, and had occasion to use bromide of potassium, in quite large doses, for another purpose. An immediate result was a diminished quantity of milk. The Doctor experimented in this case until he was satisfied beyond a doubt that the bromide caused the diminished flow. He continued the drug until the case was cured. He mentioned several other cases treated since in this way with prompt success. We would suggest its trial in the above case.—ED.]

Replies to Drs. Cobleigh and Nevling.

Editor MEDICAL WORLD:

To Dr. Cobleigh I would say that I have never seen the cumulative effects of digitalis. I have seen one genuine case of hydrophobia.

I would suggest that Dr. Nevling put his patient on a fish diet, salmon and oysters especially; also a hot sitz bath every night.

I am much pleased with THE MEDICAL WORLD. You may count me a regular subscriber.

Dr. R. HICKS.

HICKSVILLE, N. C.

Hair's Asthma Cure.

Editor MEDICAL WORLD:

"Smilax," Palestine, Texas, in Quiz Column of February number, wishes the formula for "Dr. Hair's Asthma Cure."

I do not just exactly approve of the idea of a correspondent using a *nom de plume*. Sign your names, gentlemen, so we can get acquainted.

I do not know where I ran on to this formula, but I *do* remember that at the time I had no doubt of its correctness, and recent developments have strengthened this belief. It is as follows:

R Wine of tar..... oz. 14
Iodide of potassium..... grs. 220

Make a solution—Dose. A tablespoonful four times a day, one hour after each meal and at bed time. If the paroxysm comes on during the night, take as much as two tablespoonfuls one hour apart. Shake well before taking.

The wine of tar to be used in the above must be made as follows:

R Common pine tar.....drachms 2
Sherry wine..... pints 2
Pine sawdust..... oz ½

Mix the tar with the sawdust so as to form a sort of powder, then macerate it for a week with the wine and filter through paper.

I fail to see the particular use of making the wine of tar in just this way. If this is not *just* the way "Hair's Asthma Cure" is made, it will certainly do all that is claimed for that nostrum, and more too.

ELMORE PALMER, M.D.

BOULDER, Colorado, March 9, 1885.

A Rare and Difficult Obstetrical Case.

Editor MEDICAL WORLD:

Mrs. R., aet. 35, was in her seventh confinement May 1, 1883. She was attended by a midwife for forty-eight hours when I was called. I arrived at 4 P. M., May 3. Was informed by the attendant that the first stage of labor had ended twelve hours previous, but the head would not advance.

I found my patient to be a medium-sized woman of delicate health generally, but now almost exhausted by protracted labor. Home-made teas, consisting of pennyroyal, tansy and lobelia had been freely exhibited, until the patient had vomited the last month's rations!

Vaginal examination revealed a fair sized pelvis in good condition; os fully dilated, but not tense; face of child pointing to right ilium, the right ear being low down behind the symphysis pubis; uterine contractions very feeble and having no effect; the anterior lip of os was compressed between the head and os pubis.

Having had no sleep the previous night, and having ridden a gig about 45 miles in the last 24 hours, I thought I would step into the next room to rest myself a minute and take in the situation, when I was told by the midwife to hurry up and get out my "pot-hooks" or the woman would soon be a corpse. I only asked when she first learned to be in haste in these cases, and gave her "a piece of my mind," dilating largely on herb-teas, waiting twelve

hours for head to advance, etc. My clinical lecture ended, I repaired to my patient, and found that labor pains had entiuely left her; pulse rapid and weak; vomiting. I gave a small dose of morphine on her tongue; waited a few minutes and then administered brandy and hot water; this being retained, I exhibited brandy and milk with five-drop doses of tincture of opium until my patient began to revive. At 5.30 P. M. she went to sleep; I kept the room quiet for an hour. I then administered quinine and brandy, alternating with aromatic spirits of ammonia, employed friction to abdomen, and at 8 P. M. labor was again established. Passing my whole hand into the vagina immediately after a pain, I seized the head, and pushing it out of the cavity I converted the presentation into occiput to the left anteriorly; and with the aid of uterine contraction and the external hand I was enabled to bring the head down into the strait in a flexed state; at the same time the anterior lip passed over the occiput. I now drew my breath quite easily, hoping that the trouble was all over; but after waiting three long hours of ordinary active labor, I found that I was mistaken. The head would not rotate, it being too large and too much ossiffed to pass the cavity unaided. At 11.30 P. M., after some difficulty, I got the forceps applied, and after an hour's hard labor to myself and patient, I delivered a large, male child, asphyxiated, with its head fearfully lacerated in front of each ear. I performed artificial respiration and used other means before cutting the cord, and it gasped for breath and gave the welcome cry. No trouble with third stage of labor.

Remarks:—This child weighed 14 lbs. 4 oz. at birth; the funis was wound around its neck twice; I slipped one coil after the other over its head when first detected. The patient was troubled a few days with incontinence of urine, for which I prescribed ergot, belladonna, and nux vomica; otherwise she made a good recovery. I treated the lacerated head with borax, salicylic acid and glycerine with orange flower water. To-day the mother and child are alive and well.

In the March number of *Medical Brief* I notice that Dr. K. Taylor, of West Virginia, speaks detrimentally of the forceps; that is not my experience. OAK HILL.

NEW BRUNSWICK, Canada.

Treatment for Herpes Preputialis.

C. G. COOLEY, M.D., Pine Bush, N. Y.

Dear Doctor: In reply to your inquiry in March number of THE MEDICAL WORLD, whether there is any venereal disease characterized by herpes, I answer yes. Hippocrates calls it pseudo-syphilis lues. Herpes comes from the Greek, and literally means a creeping eruption or ulcer. Authors differ in regard to the derivation of the word syphilis; some believing it came from a Greek word meaning "a hog;" others that the original meaning was "shameful" or "dirty." Venereal is synonymous with syphilitic.

You ask if it is curable. Yes. First diet your patient and insist upon strict cleanliness. Vegetable diet is best. Use as a wash:

Labaraque's disinfecting liquid.....	oz. 1
Water.....	oz. 8

Mix.—Bathe the parts with this three times each day.

Give, three or four times each day, a teaspoonful of the following:

Oil sandal wood, Eng.....	
Balsam capaiba.....	
Sweet spirits of nitre, of each.....	oz. 1
Essence of cinnamon.....drachm	½

Gum arabic and sugar, a sufficient quantity.

M.—Make an emulsion with the oil, balsam and some water, add the other ingredients, then add water to make six ounces.

By this treatment I think you will find your patient to get well. Impress on the patient's mind the necessity of strict cleanliness.

Yours truly, J. B. MOBLEY.

FAIRBURN, Ga.

[Among other derivations of the word "syphilis" is one, the most probable perhaps, which means "a reproach." This is certainly an appropriate meaning. Venereal should apply, as a general term, to all diseases having their origin in venery. Many of these diseases, as syphilis and gonorrhœa, are very different in their nature, but may be classed together as venereal in reference to their origin.—ED]

Ballooning of the Vagina.

Editor MEDICAL WORLD:

I have on three or four occasions met with a phenomenon which is to me very puzzling, and to which I can find no reference in the books. I allude to a tensely distended, or ballooned condition of the vagina, under circumstances to me not easily understood. I think in every instance where this has been observed it has been in cases of abortion, and usually at or before the third month. On making a vaginal examination the fingers would enter a cavity with intensely distended walls, having the same fine, smooth feel that one encounters in the uterine walls on introducing the hand in the operation of turning. This state of things I have found to exist when the woman was lying on the back with the shoulders more or less

elevated, and with respiration undisturbed and abdominal walls normally flaccid. One might conceive how such distension would be produced by air pressure when the diaphragm was spasmodically fixed in deep expiration; but no such fixation of the diaphragm was detected. The uterine os, situated at the summit of the dome-shaped cavity, seemed to be retroverted so that a uterine neck could hardly be distinguished.

Have any of the brethren met with such a phenomenon? and will some one kindly explain its mechanism? J. L. HICKS.

FLUSHING, N. Y.

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:

I have under my care the case of a young man who met with an unfortunate accident. Three months ago he picked up a piece of steel, about 2½ to 3 feet long, laid one end on an anvil and hit it a heavy blow with a sledge-hammer. The result of the blow was a terrible jar that rendered the arm very nearly useless. From the time of the injury to the present he has had but little use of the arm; he cannot raise it up but very little. In the shoulder joint there is some tenderness. I diagnosed the case as one of the concussion of the shoulder joint. He has some tingling sensations in the fore-arm and fingers. The nutrition of the entire limb is good. So far I have not been able to relieve the case. I have blistered and cupped the joint and bandaged it. Have any of your numerous readers anything to offer in the way of diagnosis and treatment? I feel anxious about the case. Time may be the thing in the case.

J. M. MOSENA, M.D.

SALMON CITY, Idaho Territory.

The True Antidote for Opium.

BY I. H. STEVENS, M. D., BATTLE CREEK, MICH.

Editor MEDICAL WORLD:

Opium is an antidote for pain, and the amount required in any case is graduated by the severity and persistence of the pain to be assuaged.

Conversely, the real and effectual antidote for an overdose of opium in any form, is *pain;* not of an ephemeral character, like the flagellation of the old authors, but a steady, persistent, unrelenting torture.

If this proposition is admitted, the practical question arises as to the best method of applying a harmless pain. It is perhaps a general law, that pain is caused by pressure, and it is certainly true that continued pressure upon the terminal branches of the nerves of the fingers soon becomes most agonizing. With this idea, I have often placed a hand-vice on the thumbs and "snap clothes-pins" on the fingers to neutralize the effects of the drug. It may be hours before the patient notices the pain in the fingers, and as it becomes apparent they should be removed one by one.

Obstetrical Record.—"Typho-Malarial Fever."—Medical Education and Legislation.—Treatment of Pneumonia and Croup.

Editor MEDICAL WORLD:

In some respects I can approach Dr. Palmer. I have been engaged in the practice of medicine in this State for thirty years, and have officiated at considerably more than one thousand confinements. There were 37 cases of twins, triplets once. Used forceps once. I have never used chloroform in labor. Have never had rupture of os uteri or perineum. One case died of septicemia—the one in which I used forceps. I invariably practice venisection in labor cases when there is pain in the head. Have seen many cases of puerperal peritonitis, of convulsions and septic conditions among the clientele of my friends, that I believe would not have occured under different treatment.

Being a late subscriber, I have not offered a display of my medical acumen to your many readers; but as the coast seems now clear, and the brethern, old and young, differ so widely in diagnosis and treatment of almost every disease, a few thoughts from an old-timer may not be inappropriate.

First, I would eliminate from the record the term, "typho-malarial fever," as vague and unmeaning. It intimidates the laity, and is too convenient a bulwark behind which to entrench when left with a cadaver on our hands. The so-called "typho-malarial fever" is simply badly treated remittent fever.

These thoughts bring me to the subject of medical legislation. All admit that a higher standard of medical education is demanded. There is a feverish, almost frantic effort to revolutionize something, yet with not a very clearly defined knowledge of what that something is. This feeling no doubt grows out of the unpleasant though potent fact, that for the past few years the standing of the medical profession has not kept pace, in point of thoroughness, liberality and scholastic culture, with sister learned professions. It is true that there has been some improvement. The facilities for teaching, and for hospital and clinical observations have been

increased. But have the results justified our expectations, and the demands of an enlightened public? A copy of your most valuable journal will demonstrate this fact. The bill prepared and presented to the legislature of Texas recently, by our State Medical Association, was killed, and justly too. It stopped short in one direction, and reached too far in another. We cannot prevent people from buying patent nostrums.

No man should be allowed to practice medicine in any State until he is graduated from some respectable college. But if we must have a board of examiners, provide one for each school of medicine, and on examination, let the gentlemen be ticketed as a 25c., 50c., or one dollar man (levity aside). All cannot be at the top of the ladder. Can all be the first men of the age? And who, if not the people, is to judge where the capability to cure is? The man who cures will be employed by the people, will be popular, and is the man who should and will succeed. The successful men always stand highest, so far as practice is concerned. To cure the sick is what is wanted of us, and he who can do this the best should be the first man, and that man is often not the most classical and scientific scholar. Any man who loves his profession will strive to advance and learn the best methods of cure. Raise the standard, but do not trample on those below.

Pneumonia and croup are just now the prevailing diseases. I treat them just as I did more than 30 years ago. For pneumonia: morphia, tartar emetic, aconite, gelsemium, through the day; large doses of calomel and Dover's powder, at night. Hot applications over lung. I bleed freely when pain is very acute in the outset, and give whiskey freely if patient desires it. I have not lost a case in years. A case of croup discharged this day will serve as a fair example of my treatment in that most distressing affection. A child, six weeks old and very fleshy, had all the premonitory symptoms during the day, was seized with spasm during the night before last. I found the child almost in the last extremity. With my finger I removed as much of the pseudo-membrane as possible and applied pure lemon juice to the throat and glands, which caused the expulsion of much more, after which gave mild chloride of mercury, in five-grain doses, every half hour, until 40 grains had been taken; followed with Fowler's solution of arsenic and quinine. To-day, after 36 hours of sickness, the child is discharged, well. I treat diphtheria in the same manner, with the addition of alcohol freely. With the above treatment, I have not been forced to tracheotomy but once during my long career. Much has been written about this terrible malady, with, it seems to me, little benefit to doctor or patients. The whole of this erudition centers on three factors:

1.—Cause the patient to vomit.

2.—Cauterize the tonsils and throat.

3.—Tracheotomy (to show the surgeon's skill.)

All this we must confess is a humiliating programme as a result of so much labor.

THE WORLD is my ideal of what a medical journal should be. Success to you.

J. M. GRIFFIN, M. D.

ABBOTT, Texas.

For Syphilis.

Editor MEDICAL WORLD:

Seeing syphilis discussed to a considerable extent in the columns of the WORLD, I offer a prescription that has never failed me in common cases of this disease:

℞	Hydrarg. chloridi corros.....	gr. j
	Tinct. nucis vom.....	ʒ j
	Ferri. et ammon. citratis.....	ʒ ij
	Potass. iodidi.....	ʒ ss
	Tinct. cinchonæ comp.....	ʒ iv

M.—Sig. Teaspoonful three times a day.

S. H. C. BIXLER, M. D.

BLOSERVILLE, Pa.

Is the Practice of Medicine Financially a Profitable Calling?

BY W. R. ALEXANDER, M. D.

Editor MEDICAL WORLD:

The above is a subject well worthy the consideration of the many who are nowadays rushing so ruthlessly into the practice of medicine, as well as to those already engaged in the same. And if those who cheapen the rates of medical practice by making less than the regular charges, and by long standing accounts, and the many other devices so common to that class of the profession would stop and consider how they are in reality degrading their profession, and affecting in the end their own interests, I am satisfied that we could elevate the profession to a much higher grade, and render it more lucrative. It is degenerated, in my opinion, in both respects, and through the conduct of the above-mentioned class.

Through the courtesy of Dr. Wm Judkins, of this city, I am kindly permitted to copy from his scrap book an article he filed away some years ago upon this very subject, which is well worthy the consideration of every physician. The article is filed from *Leonard's Illustrated Medical Journal*, and is as follows:

"In the consideration of the subject, 'Is the practice of medicine financially a profit-

able calling?' we shall aim to give but a few pertinent facts, and these we hope will be sufficient to stimulate some of our slow-collecting doctors to turn over a new leaf, and to attend to their collections sharply. There is no more reason why a physician's bill should run longer than 30 days than that one made at a grocery or butcher shop should. A doctor works in a year 365 days; to these should be added, as a rule, not less than 50 nights. In other words, he puts in 415 days work, or nearly one-third more than the ordinary business man or lawyer, in each solar year. He loses, on an average, three meals per week, or 150 meals per year; hence, with six-sevenths of the food, and with six-sevenths of the sleep, a doctor has to do yearly 100 days more work than any one in the ordinary business callings of life. Is it any wonder, then, that the physician's life is the shortest of all of the professions? that the doctor should die, on the average, from 15 to 20 years earlier than the merchant?

Let us take now the ledger view of the case. A doctor, as a rule, doing from $2,000 to $3,000 per annum, does from $1,000 to $2,000 worth of work out of pure charity, and for which no entry is ever made on his books. Then out of his $3,000 worth of work at least one-quarter cannot be collected; a positive loss of from $500 to $600 annually on the "sales," so to speak. Such a loss to a merchant would sour his disposition forever; and yet if any one is in need of help financially, the doctor is the first one applied to, even in preference to the merchant; and he is usually ready to respond freely, overlooking his annual gift for charitable purposes of one-third of his total business income, besides the loss of one quarter of all his bills due him. To formulate it briefly, the account stands thus, in the case of an average practitioner of medicine:

	CR.	DR.
Charity work		$1,200 00
Loss on $3,000 collections		600 00
Loss of sleep		50 nights.
Loss of food		150 meals.
Days work, including nights		415
Credit, by actual cash receipts	$2,400 00	

But of this he must pay all his heavy living expenses, buy his instruments and library, and spend from $10 to $50 in medical journals, besides being one of the heaviest subscribers to charitable purposes.

With the average merchant, placed on the same scale of a probable $3,000 "make" for the year, this is how the account annually stands:

	CR.	DR.
Charitable work, *per se*		None.
Loss on his $3,000 at 2½ per ct.		$90 00
Loss of sleep, say		10 nights.
Loss of food, say		25 meals.
Days work, including nights		320
Credit, by actual cash receipts	$2,910 00	

The cost of living for the merchant, and his charitable gifts, are the same as the physicians; and his store-rent will no more than offset the physician's books, instruments, journals and office. Here, then, is a clear profit to the merchant of $510 above the physician's income, and on (calling the 125 meals equivalent to five days work) 100 days less work than the physician performs. The capital involved in each case is about the same, the "risk of life" being twice as great to the physician. A similar figuring to this was made by us early in our professional race, and we have ever since adopted the system of close collecting, and in the long run have found no reason to regret it. All of our bills read as follows—giving our scale of charges also: "All bills rendered the first of the month following the close of the service. Bills to the amount of $10, or over, for visits, subject to a liberal discount, if paid within 30 days from date of rendering."

Bearing closely on this question is the following, from the *Canada Lancet*. It is a reply to a young doctor asking an old physician to assist at a case where no fee could be expected.

MY DEAR DOCTOR:

Yours was duly received, and in reply would give you a few words of advice, at which do not feel offended, being in a friendly spirit and for our mutual good. Having in a long time of practice, both from choice and necessity, done a good deal of gratuitious service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing offset it by liberal abuse, which keeps away those who would pay. The man you write about may be a very worthy man, but if you were making a struggle to build a house, would he or anyone else work for you at reduced rates? It is the doctors themselves—who allow their kind feelings to overrun their judgement—who are responsible for the wholesale robbery to which every doctor in the land is subjected. We deal with the most afflicted; so does the undertaker; yet he is not expected to work for nothing. The people who pay are always grateful; the thieves are like other dead-beats, abusive and always the most exacting and querulous. If the man cannot pay for what might save his life, his friends or the public should. It is easier for the town to shoulder the cost than for two or three poor devils who had the bad luck to study physic. Now, or never, is the time to put ouselves on the par with other businesses, and as we have the same losses, we must ask for the same gains. * * *

To all of which we give a vigorous and prolonged "amen." And we add, gentlemen of

the profession, take warning, improve your ways, and as this is a commercial age, elevate your profession, and get, nay, demand value received for your hard services.

The WORLD is well received here by the most prominent of the profession. The chart, we think, "is immense." We have ours nicely framed and hung in our office for future reference. It attracts much attention from all professional men who visit us. As Rip Van Winkle says: "May your glorious enterprise live long and prosper."

CINCINNATI, Ohio.—100 West Seventh street.

Milk Diet in Fevers.

Editor MEDICAL WORLD:

I was much pleased with Dr. E. L. Perkins' article on "Lactic Acid in Smallpox," in March WORLD. I think the Doctor will find that *milk* is as valuable a diet in fevers of *all* kinds, eruptive and non-eruptive, as smallpox. It will never disappoint you as a food when the patient has not an idiosyncracy against it. It scores two points which are very important: 1st a nutritious and easily assimilated food; 2nd, it produces a favorable action of the kidneys, especially in scarlet fever. If I could not have but one in scarlatina, milk or medicine, I should choose the milk.

J. B. H.

WOODSTOCK, Wis.

Substitute for the Crematory.

Editor MEDICAL WORLD:

I have been wondering why electricity has not been utilized as a substitute for the crematory. Would not this substitution dissipate the horrors of the crematory from the popular mind? I think that incineration could be as effectively produced by that subtle agent as by the crematory, and considering the approaching epidemic, the suggestion might not be out of place.

W. D. LONERGAN, M.D.
100 S. CLARK ST., Chicago, Ill.

Gynæcological and Obstetrical.

Editor MEDICAL WORLD:

At the risk of encroaching too much on your valuable time and space, which might be more profitably occupied by others, I proceed to state that my case of inflammation of os and cervix uteri, reported in February WORLD, is about *statu quo;* but perhaps a little more swollen and tender, the os being enlarged all around, but not ulcerated. I have used the various mucuous astringents as local applications for several months without benefit; am now applying a mixture of iodoform and glycerine. The annoying symptoms of the bowels and urine, pain in the head, back, etc., in my opinion are the result of the local disease entirely; and if so, the plan of treatment should be on the principle of the motto, *Tolle causam cesat effectis.* I desire in a special manner to thank the several gentlemen who have made suggestions of treatment the use of which I purpose to avail myself of, and will report, especially if benefit is derived.

I concur in opinion with some of my professional brethren that Dr. Palmer's obstetrical career has been remarkably fortunate. I have been practicing in the country twenty-eight years and have had quite a large obstetrical practice, and am vain enough to think I have been lucky, never having lost a mother in childbed from any cause. Have had but a few cases of puerperal fever, and they generally mild; lost but few children, say one in fifty; two instrumental labors, in both of which children dead. This reminds me that I had a patient, a primipara, years ago, in labor for seven consecutive days, in hard labor half and rest the other half of each day. The seventh day I procured an assistant and repaired to the house with forceps to deliver her, when lo! she was delivered an hour after our arrival of a living child without the use of instruments. The presentation and position were almost natural, mother and child lived and did well. You may ask why I waited so long. She was a healthy, vigorous woman, kept up her strength and courage well; child alive, whose life I did not wish to endanger with instruments.

Have had, say one in forty or fifty, breach and pedal presentations; two shoulder, requiring turning; never had to resort to craniotomy or blunt hook; twins, three times; placenta previa, three or four times; never saw a case of ruptured perineum; but few cases of mammary abscess, and find oil of turpentine to be one of the best applications (after withdrawing the milk) to subdue inflammation and prevent suppuration.

I rely but little upon ergot for the acceleration of labor pains, and apprehend but little danger from the exhibition of quinine in gestation. Having kept no record, I recite from memory. This subject might be greatly amplified, but your space will not admit of it.

An interesting case of vomiting in pregnancy came under my jurisdiction recently. Mrs. D., quite a small and somewhat delicate lady, the mother of three large chidren, between

two and three months pregnant when I was called, had been suffering from nausea and vomiting from the first, increased until she could retain nothing whatever. Ingluvin had been tried. I prescribed creosote, oxalate of cerium, etc., until I was convinced that remedies by the stomach were useless. By this time she was almost exhausted. I then resorted to the inhalation of chloroform to semi-consciousness, which relieved the nausea while in that state. I then proceeded to induce abortion by introducing a uterine sound to the depth of three inches, and gently rotating three or four times, causing very little pain. The second day after this the abortion occurred, the patient having been under chloroform continually. I continued it for twenty-four hours longer, then withdrew it. The nausea had now nearly ceased and very severe hysterical symptoms, with extreme nervous agitation set in. I put her under chloroform again, which masked the symptoms; in the meantime gave her nourishment—milk, beef-tea, oyster-soup, etc., which she retained. I now tried the nervous stimulants—valerian, sweet spirits of nitre, the bromides, etc., also sulphate of morphia and bromidia, without any benefit; continued the chloroform till the fourth day after the abortion; withdrew it and gave a pill containing opii pulv. gr. j, et hydrarg. submur. grs. ij, every eight hours for three doses, quieting her, after which she made a good recovery without any uterine trouble. Her bowels were moved every twelve to twenty-four hours by enema. There is no remedy known to me that would have substituted the anæsthetic for allaying the excessive nausea and nervous perturbation while nourishment and other means were being employed.

GEORGE W. BOWLEN, M.D.

BARNESVILLE, Md.

Rupture of the Perineum.

Editor MEDICAL WORLD:

I am much pleased with the gentlemanly courtesy with which my article on "Some Medical Fashions," in February WORLD, was treated by all your correspondents, as well as by quite a number who have written to me directly. It is high praise that your contributors can discuss in a manly way matters on which there might be difference of opinion.

As to rupture of the perineum, my opinion is that it is the last accident one need expect, provided he is sufficiently slow in the conduct of the last expulsive pains. I often say: "Mrs. ——, take care; do not hurt yourself now," as the last expulsion is about to take place; or, "Not so fast just now; be slower, even if you have a few more pains." And rare is it that a woman does herself violence. Yet I well know that often a woman has no power to control herself in the last expulsion.

I like the editorial remarks in the March WORLD (page 107), that pressing of the perineum is the worst of all things that a practitioner can do. Yet I know that the hand is often necessary to compel the fœtus to remain in the vagina a few pains longer, and I cannot object to the broad application of the hand to the presenting part to effect this. I often do this, retaining—unborn for five, ten or more minutes longer—the head against an expanding perineum.

I think that in a country life there is less liability to this accident than in city life. To some who say that small lacerations do take place, I reply, what of it? Women say that they have been torn when no laceration took place in fact. The vagina does not come back exactly to its state before the first birth.

My original instructor was Prof. Bedford, now deceased, of the New York University School, and any one who heard his lectures, years ago, knows that this bugbear was incessantly on his tongue. Yet in a few years practical experience I learned to never fear this accident. It is beyond my anticipation or expectancy in all usual cases; and I so rarely have the least laceration that I can almost say that it never occurs. Hence my disbelief of there being anything wanting in the adaptation of the perineum that compels this accident to take place. Yet I am fully alive to a perineum stretched as thin as can be—a sixteenth of an inch thick—the child's head extending beyond the anus and place of the vulva in the wonderful extension of the parts, like a tremendous cul-de-sac, or protruding sack; yet, even in these rare cases I have never yet had a rupture.

S. J. PARKER, M. D.

ITHACA, N. Y.

Treatment of Pneumonia.

Editor MEDICAL WORLD:

I promised to compare notes with Dr. Rothrock, of Athens, Texas, on the treatment of pneumonia occurring in this latitude, (see January WORLD, page 16). In speaking of the treatment of pneumonia I shall not consider any of its complications, but say in the outset that as the disease advances from the second stage to resolution, that it requires more supportive measures. Now let us take a typical case and take for granted that we have seen the patient immediately after the disease has been ushered in by a chill. If the pain in the affected side is great, we exhibit some form of opium—(if opiates are not suited to the idiosyncrasies of

the patient, we resort to other hypnotics) and use turpentine stupes to the part affected. We use warm applications invariably, for in our climate we rarely find a person suffering from pneumonia upon whom cold has not a depressing influence. We give pediluvia and make our patient generally comfortable.

If the arterial tension is considerable we give tincture aconite root until the pulse is softened, and our custom is to use bromide of sodium freely because it soothes the nerve centres, and we desire to use as little opium as the exigencies of the case require. Of course, we attend to the bowels and kidneys; we usually give Rochelle salts or citrate of magnesia to move the bowels, and bi-carbonate or the acetate of potassium when the kidneys fail in their function. We *invariably* give alcoholic stimulants and nourishment early, as soon in fact, as we reach our patient. We believe that alcohol, opium and good food do more good in this disease, than all other things combined. The pulse affords an excellent indication as to the need for stimulants; the more frequent the pulse the greater the need for stimulants; and it is remarkable to see the effect they produce on the pulse when it is abnormally frequent. Intermission of the pulse in pneumonia is an invariable indication for the free use of stimulants, and in the pneumonia of aged people stimulants are absolutely necessary. We give quinia sulphate, freely, *i. e.* from 3 to 4 grains every three or four hours. Sometimes, however, salicin has to be substituted for the quinia; and as for nourishment, we give what Prof. Flint calls that "precious article of diet—milk;" this we give freely, and eggs, also. In fact, as regards diet, we are "guided by the patient's instincts," noting particularly that our patient gets sufficient, both in quantity and quality, for we would rather take the chances of over-feeding and over-stimulating than fall short of the mark in either. This is my treatment in the first stage, and I try to use both medicine and food advisedly. I am doubly watchful in the second stage to see that my supportive and stimulating treatment is persisted in and religiously carried out. If there are signs of failure of the heart's action we give tincture or fluid extract of digitalis; and if we apprehend heart-clot, we give carbonate or muriate of ammonia, in suitable doses.

Resume'.—We give opium to relieve pain, procure sleep and rest, and to tranquillize the nervous system. We give nourishing food, as milk and eggs, and even solid food if desired; and alcohol in shape of good whiskey or brandy to support our patient, believing that the inflamed lung will he restored to its normal condition, provided we keep our patient supported until resolution can take place.

We have said but little about local treatment. We can sum up our local treatment in few words:

Make your patient as comfortable as possible; warm applications—as the stupes above referred to—flaxseed-meal poultices, and occasionally, the application of iodized-glycerine covered with oiled silk, will contribute much to your patient's comfort. I condemn blistering, and have never resorted to blood-letting either generally or locally. I confess my amazement at Dr. R.'s long list of depressing and nauseating agents, as well as his use of expectorants, which from the anatomical and pathological condition of the parts affected are absolutely contra-indicated. I am forced to say that their use in pneumonia does not bear any one out in the physiological action of therapeutical agents.

If Dr. R. thinks that the great number of remedies he mentioned, act as curative agents in pneumonia, he certainly has more faith in curative remedies than I have, or ever expect to have. I sincerely believe that life has been lost in pneumonia by trusting too much to medicine and too little to feeding and stimulating.

The above is my plan of treatment in pneumonia. Of course, we have to look out for peculiarities of constitution, temperaments, and such conditions that may arise even in treating uncomplicated cases of pneumonia.

It may seem strange that Dr. R. and myself, living in the same latitude, should differ so materially in treating the same disease, but I have tried my plan since 1873, and it has served me well. The plan is rational and is followed by most rational physicians. No doubt the Doctor and I differ candidly, and I do not ask that my plan be adopted; but I suggest that if the Doctor will follow Flint carefully, and use less of depressents and so-called "expectorants," his mortality of pneumonic patients will be less; *at least* he will be pleased.

Thus I have tried to compare treatment with Dr. R., and I have done so with the best of feeling and candor, and I trust that he will take what I have said in the same spirit in which it is written, and if anything I have suggested will direct his attention to higher authorities, from whose fountain I drink, I will have accomplished something at least.

In conclusion I can only add, that while there are some things in Dr. R.'s article worthy of note, the treatment as a whole, in my opinion, would not only be *nil*, but injurious.

J. Webb Douglass, M. D.

Palestine, Texas, Feb. 28, 1885.

Treatment of Cancer Without the Knife.

Editor MEDICAL WORLD:

For many years I have opposed active interference with the knife in cancer, and have treated all cases that have come to me with the use of medicines. I base my treatment on the idea that cancer is strictly a local—an accidental—disease, and can be readily cured if attacked at its site with heroic means. Knowing the tendency of nature to throw forward more blood when the functions become arrested by any means, and to support the parts by an increased number of blood vessels of increased calibre, I have aimed to dry up and char the parts affected so completely that there could be no circulation of the blood through or from the diseased part, causing it to slough away from the healthy tissue. Then with proper hygienic and sustaining treatmeut I have been able to cure radically many cases that have been called cancer by able diagnosticians. It would not appear very modest in me to dispute the correctness of the diagnosis. They were considered malignant; were treated by myself, got well and so remain; three in this city; two I treated twelve years since and one eight years ago.

This last case I will quote and give treatment, as she was the worst and is now under my observation weekly.

Mrs. John Richards, I think aged about forty-five, had one child a good many years ago. Was attacked with an ovarian disease about fifteen years ago, which ultimated in a tumor. Had it removed by Dr. Thomas, of New York. Came to this city five years after. The following year had a tumor form on the stem at the cicatrix, which was treated by pressure for hernia. It grew rapidly, and the case was abandoned by her attending physicians (she had two, aided by counsel from Chicago and Ft. Wayne, Ind.) The case came into my hands after a declaration that no surgeon would risk his reputation on an operation. The tumor was about the size of a two-quart bowl, situated over the right ovary, and presented the appearance of a cauliflower, with several openings. It was increasing, as we judged, about one ounce per day, and discharged largely a glairy and sanious fluid. Patient was emaciated and appearance showed cancerous cachexia. I applied over the whole tumor a saturated solution of chromic acid, gave freely chloral hydrate and morphia to relieve pain. In a few days the surface showed to be charred nearly one-half an inch deep. I let it dry like dried beef and she shaved it down to the "quick." Then I applied the acid again, and so on. In four months I removed the remnant without the loss of one drop of blood. In seven months she was discharged cured, and remains so to this day.

I might mention at least fifty cases thus treated in the past twelve years, and only three fatal cases, and two of those quit me because my treatment was so severe they said they could not stand it, and chose rather to die.

I am opposed to the knife all the time, unless in cases where Esmarch's bandage is used to hold the circulation until the acid can be applied to the cut surface and thereby shrink the blood vessels leading from the wound.

I think that when statistics have been brought forward in sufficient number it will be found that active surgery has and will continue to hasten mortality in cancerous disease.

GEO. W. CARPENDER, M.D.
SOUTH BEND, Ind.

Treatment of Gall Stones.

Editor MEDICAL WORLD:

My attention was attracted by an article in the March number of the WORLD concerning the treatment of gall stones, or billiary calculi.

Having had considerable experience with such cases, I thought, that a few ideas upon that subject might probably be of interest to many of the readers of your concise journal.

When taking into consideration the vast number of persons afflicted with derangements of the liver, I often wonder why there is not many more afflicted with the above named painful malady. In a practice of several years I have met with numerous cases, however, and am pleased to say that I have been able to effect a cure in nearly every case.

If the bile be retained longer than is proper, it will become highly acid, a prominent essential in the formation of calculi.

Anything having a tendency to interfere with the free and perfect flow of the bile should be avoided. Most persons so affected are generally inveterate eaters and irregular in their habits.

Since my residence in this place I have treated and cured a case of gall stones of twelve years' standing, which I reported in the *Medical and Surgical Reporter*, published in your city. The case was that of a merchant, 56 years of age, who, from an effort to satisfy a morbid desire for food, had become almost a confirmed glutton. He was in the habit of eating at different times during the day, dried beef, cheese, crackers, dried herring, etc., at the store. At his meals he would often drink two or three cups of strong coffee. He was also in the habit of lunching immediately before retiring. He was also, I might add, an inveterate smoker, often smoking ten cigars per day.

His attacks occurred every three to five weeks, and continued for six or seven days,

during which he was in the habit of inhaling chloroform for the purpose of relieving the pain.

The first thing to be taken into consideration in the treatment of any of these cases is the condition of the digestive system, especially the action of the stomach and liver. It will be impossible to perfect a cure—if a cure *is* possible—unless this matter receives attention at the beginning of treatment.

If the patient is irregular in his habits, he must be informed of the necessity of regularity. His diet must be of such a character as to be easily digested. If there is an excess of bile in the gall bladder and enlargement of the liver, the bile must be removed and the size of the liver reduced, by the direct action of chlologogue and alterative remedies. I would suggest the following:

℞ Pulv. podophyllin.....
Pulv. leptandrin.....
Pulv. sanguinarin.....āā... gr. x

M. Divide into 20 or 30 powders. Sig. Begin at one o'clock P. M., take one powder every three hours until three are taken; repeat the dose every alternate day until the bile flows freely, after which the patient may take one powder at bed time, every night or every other night, according to the condition of the bowels.

Where there is much enlargement of the liver, I have frequently used in connection with the above, grain doses of the proto-jodide of mercury, given at intervals of four hours.

For the purpose of aiding digestion I would prescribe either of the following:

℞ Pepsin (French)..... ʒ ij
Bismuth subnit..... ʒ ss

M.—Divide into 12 or 14 powders. Sig. One before meals in sweet milk.

℞ Pepsin (French)..... ʒ iij
Bismuth subnit..... ʒ j ss
Ingluvin ..... ʒ j

M.—Divide into 25 or 30 powders. Sig. One to be taken fifteen minutes before meals in milk or water.

After several days I would then substitute for the above:

℞ Pepsin (French)..... ʒ iij
Acidi citrici..... gr. xxx
Aquæ destil..... f ʒ ij
Glycerini.....q. s..... f ʒ iv

M.—Sig. Teaspoonful after meals.

To dissolve the calculi already formed, and remaining in the gall bladder, and to prevent the formation of others before a normal condition of the bile can be brought about, I would prescribe the following, which I have found sufficient:

℞ Ext. hydrangeæ, fld..... f ʒ j
Etheris sulph..... f ʒ ss
Ol. terebinthinæ..... f ʒ ij
Ol. olivæ (pure)..... f ʒ ij
Ext. glycirrhiza, fld..... f ʒ ij

M.—Sig. From a half to a teaspoonful of this should be taken three to four times per day.

After a few days the above may not be taken so often. It not only dissolves the calculi but facilitates thier passage through the gall duct, while at the same time it is a healing lotion to the irritated and inflamed membrane lining the same. Aid the action of the various organs by the use of tonics.

During the paroxysm I always relieve the pain by the injection of morphine into the subcutaneous cellular tissue, with the hypodermic syringe.

As I have above indicated, one very important feature in the treatment of this disease is to see that your patient observes your directions in every detail. The craving of an existing morbid appetite should never be fully satisfied.

There are a few minor points which might be noticed, but I do not desire to occupy more space at present, having given the main course of procedure in the treatment of the above malady.

I have had no experience with chloroform in the treatment of gall stones. Sulphuric ether will readily dissolve the calculi; hence its use in my prescription.

J. Ennis. Hainline, M. D.
Cantril, Iowa.

A Useful Work.

Editor Medical World:

Deserving general notice, I desire to call the attention of your readers to a new feature in the literature on pharmaco-therapy, now in press, namely, "Fortschritte der Pharmaco-therapie pro 1884," edited by Dr. Rudolph Kobert; publishers, Toeplitz & Denticke, Vienna. This work, which is to appear annually, is devised to annotate the advances and publications in pharmaco-therapy of the past year. The first issue will mention upwards of eighteen hundred different articles, representing the relevant literature of all civilized nations, and, in part, accompanied by brief critical remarks from the editor. The work is intended to consider equally the interests of the medical practitioner, pharmacologist, toxicologist, pharmaceutist and forensic chemist. The material is classified according to the Buchheim-Schmiedeberg's system of pharmacology, preferred because of its supremacy and its almost universal acceptation. (Schmiedeberg's Compendium of Pharmacology, Vogel, Leipzig, 1883, is introduced as text-book into all pharmacological institutes of Germany, German Russia, Austria and Italy, and its translation into all other modern languages is now in preparation.) Dr. Kobert's present position and past career give ample evi-

dence of his fitness for the prosecution of the difficult task in question. He is assistant of Prof. Schmiedeberg, Strassburg, has long served as compiler to Schmidt's Jahrbücher, and was several years engaged in the active practice of medicine. It is to be hoped that the evident importance and difficulty of the enterprise will evoke the hearty co-operation and support of all concerned, and insure its present and future success. For detailed remarks with special regard to America's share in the honor, I refer to the not far distant date when the book shall have appeared in print. H. O. PANTZER.
STRASSBURG, Germany.

[Whether or not this work will be translated into English is not stated. We suppose it will, however, as Americans are always ready to patronize works of merit.

Dr. Pantzer, an old college friend of ours, left his practice in this country for several years of study in Europe; he promises to send frequent communications to THE WORLD.—ED.]

Editor MEDICAL WORLD:

In January number of WORLD, page 12, my prescription reads: Iodiformi gr. xx, glycerini gr. ij. This is a mistake. It should read: Iodoformi gr. xx; glycerini, ʒ ij. Please correct and oblige.

CALLIOPE, Iowa. W. A. QUIGLEY, M. D.

Pulque.

LOUIS LEWIS, M. D.:

Dear Doctor:—Herein you will find a few observations respecting Pulque, a Mexican drink which is found equally on the table of the rich and in the poorest Indian cabins, in that country. It is extracted from the American Agave or "maguey," of which there are fully thirty varieties on the plains of Apam; but the best "agua miel." from which Pulque is derived, is only obtained from about six varieties; from the rest, divers substances are produced.

Other products of the American "agave" or aloe are "aguardiente," (eau-de-vie), fibre, sugar, potash and gum. The best species of maguey attains a height of three yards, and supplies a clear mild aguardiente, from which the best Pulque is derived. Pulque is obtained by a series of operations, first of an agricultural, afterwards of a chemical nature. It is a whitish liquid, principally composed of water, gluten and alcohol, is of a very pungent odor and gelatinous taste.

It is largely used and recommended in gastric disorders, and is a tonic "par excellence." It is considered very nutritious. In excess it produces a torpid form of drunkenness.

The fibres derived from the leaves are exceedingly supple and strong, and are used in a variety of industries. A useful gum, resembling gum arabic, is obtained from the maguey; also salts of potash. A peculiar parasitic insect infests these plants—the "Bombix agavis."

Yours sincerely,
HECTOR THOMAS.

[The juice from the root and leaves of the agave has been used successfully in the treatment of, and as a prophylactic against scurvy; it is said to be superior to lime juice for this purpose. It is employed by the Mexicans as a diuretic and as an emmenagogue. ED.]

The Treatment of Scarlet Fever.

BY J. A. DE ARMOND, M. D.

Editor MEDICAL WORLD:

There is no disease of juvenile life which calls for more care in its treatment than scarlet fever. In order to clearly understand the principle underlying the treatment of the disease, it is very necessary to know that it is uncomplicated, a self-limited disease. No known treatment can abridge the duration of the disease. To clearly understand that fact, eliminate from the list of remedial measures very many of the drugs which find employment in other fevers.

Scarlet fever then is an essential fever running a definite course and tends to recovery. It is like a lumber raft which a tow boat is attached to, to take it down the river. No amount of power that the boat can exert can take the raft out on dry land, but by a judicious use of the boat the raft can be kept in the channel until the lumber has finally been distributed along the banks, and a safe harbor is secured for every part of it. The drugs we use in scarlet fever cannot stop the fever, but by careful attention to the symptoms as they arise the poison of the disease can be eliminated and the patient weather the storm.

It has always seemed to me that there have been more failures by the profession in the care of this class of cases than there need be. From extended observation and careful inquiry I am satisfied that the cause lies in over-medication. Too many and too powerful remedies are used. Take for example a simple, uncomplicated case of scarlet fever. The first thing many physicians do on being called is to give a searching cathartic. That is mistake number one. The second mistake is to order low diet. That completes the treatment for visit number

one. Now it would be difficult for a poorer or more dangerous line of treatment to be inaugurated. The very slight lowering of the temperature which follows the action of cathartics is infinitely more than counterbalanced by the irritative action which is set up in the digestive tract and in the kidneys as well. Then the low diet. Why should a low diet be called for? Is there anything to be gained by lowering the vitality of the patient when at the same time the disease is overpowering the entire absorbent and circulatory systems? Surely not. Here is a disease which needs combating. Where? Where the mischief is being done, in the blood. Then feed the patient. Instead of giving cold water to drink, give cold milk, and good milk, too. When not repulsive to the patient, give liquid nourishment and give it frequently. There is yet, even in this day of medical advancement, a superstition even in the ranks of medical men that milk "makes fever." In many localities this folly has become so rooted that it is difficult to overcome the prejudice. Especially is this so when the same idle folly is religiously held by practitioners of medicine who voice their belief into anxious ears.

Works on this subject never fail to revive, or repeat the cold-bath or cold pack treatment for the reduction of temperature. I am not able to say from experience how this plan might work, but I can say that so long as life, liberty and a desire to pursue happiness are valued, the treatment will never become common. There is, and probably always will be, an aversion to its employment except in desperate cases where, like tracheotomy in croup, it is used as a dernier resort, and the success or failure can argue but little for or against it as a treatment. It is too heroic for general employment and it therefore will only be championed by those who have occasion to test its efficacy where the objections of guardians or parents are not heard.

Then in a case of scarlet fever I would advise an entirely expectant plan of treatment. If there is sore throat, as there almost always will be, I would give a solution of chlorate of potash every hour without being followed directly by water. I would not give any cathartic medicine, nor would I so long as the rash is visible. After the first few days the glands under and around the jaw are liable to enlarge. For this no better treatment can be found than to tie a bit of fat pork (old) around the neck, so that the pork will touch all of the inflamed glands. Nothing will secure the same amount of rest and quiet that will follow a thorough greasing of the entire surface with some fat; any greasy substance containing considerable oil will answer the purpose. When the fever becomes high, as it will in the course of the first 72 hours, then the citrate of potash may be added to the chlorate solution. Acid drinks, so given as not to interfere with the milk, will constitute the treatment. This of course is for uncomplicated cases, but no matter how severe.

In those cases where convulsions are the first indications of the presence of the disease, other and more energetic treatment must be used, and quickly, too. Then each case, assuming as it does a particular form of its own, calls for such treatment as must suggest itself to the attendant.

But I must insist that simple scarlet fever is not a difficult disease to treat, except as it is made so by the meddlesome interference of those who should know better. During two epidemics of this disease I have remarked the great fatality that almost invariably followed in the wake of those who gave calomel and other irritant cathartics. So great indeed is the popular fear of doctors and their medicine that in many localities the treatment of scarlet fever is given over to the "old grannies," who, by the use of teas, which do no special harm, and a liberal use of the grease which "her fancy singles," cures are secured and danger averted.

With all the advancement that is being made in pediatric medicine, there is yet one lesson to be well learned by the profession, and that lesson is that nature has, after all, the best remedies. Too often to apprehend her is to thwart her purpose.

LE CLAIRE, Iowa.

Medical Education.

Editor MEDICAL WORLD:

During the past year my attention has been called to the subject of medical education in various medical journals, and in the February number of THE WORLD, Dr. De Armond gives us an article in reference to the same. I am aware there is considerable matter for thought in the Doctor's article, but I am at a loss to arrive at a proper solution of the idea he wishes to convey. He says: "Many a two-termer marches out to cope with disease, who never has seen a bad case of scarlet fever, small-pox, or typhoid fever. It isn't any wonder that he makes mistakes in diagnosis." We readily grant that the assertion is true; but if it is true of the "two-termer" is it not also true of the three-termer?

He closes his article by saying: "So while the desire to raise the standard of medical education is praiseworthy, and has for its object the elevation of the profession, it cannot be

successfully done while at the same time it does not strike at the root, and exclude from the schools men whose preliminary education is too meagre for the needs of the calling. Neither can it be done by making long, expensive courses which must of necessity be monopolized by the opulent dudes whose money alone takes them where brains should be the passport."

I find that Dr. De Armond is not alone, but other writers on the subject throw a great deal of stress on the subject of the preliminary education of the medical student, as if that, and that alone, is about the only requisite for the making of a successful practitioner. But we are as much in the dark as ever; there is not a rift in the clouds of obscurity surrounding us that lets in one ray of light to give us an idea of what the preliminary education should consist of.

Did it never occur to the minds of those writers on the subject, that education never did and never will make a successful physician? Neither will it in other professions or occupations. Education only helps us; is only a stepping-stone to our success and usefulness. Experience and observation is a good school, and in order that the reader may have a clear conception of the idea I wish to advance, I will give a few examples out of many that have come under my own observation.

Several years ago, in one of the eastern States, four boys living in the same neighborhood, two of which attended the same district school, arrived at the years of manhood about the same time. Two of them continued their education at a college for several years; of the other two, one went to working in a blacksmith's shop and the other on a farm. Afterwards all four of them studied medicine and graduated, the wealthiest and best educated one of the four carrying home with him one of the prizes. Ten years afterwards what was the result? The one that carried off the prize, and whose prospects seemed the brightest of all, went to a large town in a neighboring county and entered upon the practice of his profession; after a trial of one year or more he failed to meet with any success or encouragement and returned home, and is to-day a farmer, having abandoned the practice of medicine entirely. The other well-educated young man has had reasonable success in the practice of his profession. The other two (having but a common-school education) are to day successful practitioners; successful in the healing art and successful in obtaining a competency for their services, occupyiug an honorable position in society and respected by the community in which they reside.

One more illustration I think will suffice. In a village in one of the western States, during the past three years, there have been five physicians, three of whom entered upon their medical studies with only a common-school education; the othet two were well-educated, one of them, at one time, having served as professor in some high school or college. Now as to results: the first three spoken of are to-day successful physicians, the other two have never been successful, scarcely making a living. They never have been successful in the practice of their profession, and never will, yet they are both proud and boastful of their superior education. There is perhaps so much "book larnin" crowded into their heads that there is no room for one solitary new or original idea.

I do not wish it to be understood that I oppose education. I am willing to admit that it is a great auxiliary in obtaining a knowledge of medicine; but there is something more necessary still. A person, to make a successful practitioner of medicine, or in any of the other professions or business avocations of life, must have within himself a peculiar adaption for the profession or business that he wishes to pursue. If he has this, then education helps him obtain such knowledge as his profession or business requires; and if there is a failure under such circumstances it is the exception and not the rule.

It has frequently come under my observation, and I suppose many others have made the same observation, where a person of superior education and seemingly possessing a thorough knowledge of medicine, when called to the bedside to combat with disease, were almost at a total loss to make even a simple application of all their superior knowledge for the relief of their patient; while on the other hand, a brother practitioner, though somewhat deficient in his primary education, was going right along, having good success, meeting with clear sailing and prosperous gales.

I do not wish to be understood as insinuating that the well educated physicians are the only ones that fail in their profession; the ratio is perhaps about equal; and if this is true, then we have something else to look to other than the preliminary education of the physician.

A person entering upon the study of medicine should possess a reasonable education. He should be able to speak and write the English language, or the language of his country, according to the rules of established usage, and be such master of the language as to give a clear expression of his ideas and not to show ignorance or vulgarity. His handwriting should be clear and plain, if not elegant. He should be a reasonably good mathematician. He should be able to spell correctly, and should have some knowledge of latin, so as to enable

him to comprehend the technical terms met with in the text books and ordinary medical literature; the necessary acquaintance with latin, however, can be acquired after entering upon the study of medicine, and may thereby be the saving of valuable time to some worthy poor person who has to obtain his ends by his own exertions. He should also have a fair knowledge of geography and history.

I agree with Dr. De Armond, that the "desire to raise the standard of medical education is praiseworthy," but I beg leave to differ with him in regard to his anticipations of the same. He puts the man with a "meagre education" about on the same footing as the "opulent dude" with whom "money is the passport for brains." Now while there is perhaps a great deal of truth in his ideas of the latter, I think the first is worthy of some consideration. I take it that almost any intelligent person would rather risk the man with a "meagre education" than the "opulent dude" with no brains. The man with a "meagre education" may make advancement and improvement; but the "opulent dude" with no brains will end in chaos.

As I said before, I have no objection to "raising the standard of medical education," neither have I any objections to the three-term plan; but I do object in making any special change in regard to the preliminary education of the person entering upon the study of medicine, providing he is possessed of ordinary intelligence and a reasonable education, letting his future progress and deportment be a guide as to his worthiness to receive the degree of M. D. If the "standard of medical education" can be raised by allowing the man of moderate means and an ordinary education an equal chance with the "opulent dude" who is deficient in intelligence, but possessing "book larnin," then I say amen to it. Should my ideas appear crude and commonplace to some, perhaps they will be charitable enough to pass by the imperfections of the "preliminary education" of a "two-termer."

FRANK M. JONES, M. D.

STRONG CITY, Kansas.

[We think that most reformers of medical education would be satisfied with the above described "reasonable education." Yet we have known successful practitioners (and graduates from medical colleges) whose education fell far short of this. We would not like to see such lights put out, nor such spirits crushed; but in this age, and with the educational advantages which this country affords, there can be no excuse for not obtaining at least this "reasonable education." Some extremists would require a degree from a literary college before entering upon medical studies. This would prevent many poor but earnest and worthy men from entering the profesion.—ED]

Therapeutic Hints and Approved Formulæ.

(CONTINUED.)

BY SAMUEL S. WALLIAN, A.M., M.D., BLOOMINGDALE, N. Y.

Fevers.—Aconite, antipyrin, ammonium acitate; baths (hot, tepid, cool or alkaline, according to condition of patient). Cold affusion, coils (ice-water or hot, as indicated, or alternately), jaborandi, quinia, salicin, salicylates, wet pack (hot or cool, as required).

Flatulence.—Aromatics, assafœtida, bismuth (sub-carb), capsicum, charcoal (willow), chloroform-water, diet (regulated), nux vomica (small doses), phosphates, sodium sulphite, water, drinking (hot, an hour before meals and at bed-time).

Gastralgia.—Amyl nitrite, aromatic spts. of ammonia, bismuth sub-carb., dioscorcin, hydrocyanic acid, morphia, morphia and atropia, nux vomica, soda bi-carb.

Glands, enlarged.—Ammonium iodide, blisters, ergot (hypodermically), galvanic current (electrolysis), cold compresses, iodine, iodide of potash, zinc (chloride and sulphate).

Gonorrhœa.—Alkalies, aconite, benzoic acid, bismuth, chloral (by injection), copaiba and cubebs (stereotyped remedies!), corrosive sublimate, eucalyptus, gelatine bougies (medicated), glycerite of tannin, oil of sandalwood, quinia, salicylic acid, silver nitrate, zinc (chloride, sulphate and sulpho-carbolate).

Gout.—Ammonium phosphate and carbonate, baths (Turkish, Russian, hot, alkaline, electric, etc., etc.), lithium (benzoate, carbonate and citrate), lupulin, oil of wintergreen, oil of peppermint, strychnia, salicylic acid, veratria.

Hæmatemesis.—Alum, cold, ergot, gallic acid, hamamelis, ice (swallowed), oil of erigeron, oil of cinnamon, tannic acid.

Hæmoptysis.—Alum, cold, digitalis, ergot, gallic acid, hamamelis, hot water bag (spinal), morphia, oil of turpentine, rest, sulphuric acid (dilute or aromatic), tannic acid.

Hay Fever.—Antispasmodics, arsenic, inhalations (oxygen, nitrous oxide, medicated), nux vomica, quinia.

Headache.—Aconite, ammonia (carbonate, valerianate, etc.,) amyl nitrite, antacids, bromides of soda or potash, caffeine, cold affusions, ergot, emetics, guarana, galvanism, hot bath or hot sponging (with alkaline water), ice-bags,

morphia and atropia, potassium (bromide, carbonate and iodide), water, drinking (hot, plentiful).

Heart, functional derangement of.—Ammonia, belladonna, convallaria majalis, colchicum, eucalyptol, digitalis, galvanism (weak current), hyoscyamus, lupulin, nitrogen monoxide (with 20 per cent. oxygen), quinia, nux vomica, wild cherry.

Reply.

Editor MEDICAL WORLD:

On page 67, February WORLD, "Quid Nunc" desires an explanation of the *modus operandi* of tinct. aloes in dysentery.

Large doses of tinct. aloes gripe and purge, but in small doses it has the opposite effect; it soothes or quiets the excited mucous membrane of the colon and rectum (see Dr. Goss' American Practice, page 175; also Bell & Laird on Diarrhœa and Dysentery, pages 25 and 122.)

Mercurius corros. (corrosive sublimate) is an old remedy in dysentery (see Dr. Hufland's Practice, page 255, Berlin edition, 1842), and as it is a powerful remedy it must be given in small doses; and in a case of dysentery, with the symptoms enumerated for it in the December WORLD, it may be given with the utmost assurance that the patient will be benefited.

Castor-oil and opium might be given internally with good effect, provided the stomach would tolerate the same.

The authors I have access to do not consider acute mucous enteritis and dysentery one and the same; in acute mucous enteritis the whole canal may be effected, but not in dysentery primarily.

The introduction of the syringe, if properly managed, ought not to cause any local irritation.

In reply to the note of the editor in December number, I would say that the opium and other measures were not used conjointly in any of the cases, but where the one was indicated I used it to the exclusion of the others.

TELL CITY, Ind. C. M. B.

Answers to Dr. Putnam's Questions.

Editor MEDICAL WORLD:

I was very much interested in the article "The Physician, as Seen by the Public," in December WORLD, and as you invite a discussion of the matter, pardon me if I give you my views. I will take the questions by their numbers.

To 1, 2, 3 and 4 I give an emphatic *no*.

5 and 6. He has no time for such.

7. Only in "human stock."

8. By no means. Stand aloof from all politics; only as a citizen cast your vote according to the dictates of your own conscience.

9. Only in your daily walk and conversation, in which you can do more good than in any course of lectures.

10. Has no time to discuss candidates, prohibition or otherwise.

11 and 12. Let it not be said, Dr. so and so is a member of such and such a band. It is a reproach to the profession.

13. He is already an educational force in society if he exercises the privilege of his office as a man and a physician; no need for his being tied to any committee or board.

14 and 15. If he has his calling and the welfare of his patients at heart he will find no time for these things.

16. No; because there are others, whose profession qualifies them better for that office, and a physician is constantly liable to interruptions.

17. By no means; no physician should be a coroner.

18. If he has a good partner it is the least of the evils in which he can engage.

19 and 20. If you are a physician, be a physician; let no other business come between you and your profession.

D. M. B. THOM, M.D.

MARDIN, Turkey-in-Asia.

Treatment for Boils and Carbuncles.

Editor MEDICAL WORLD:

W. J. Hayne, M.D., West Farmington, O., wants best treatment for boils and carbuncles. Keep secretions active and give pills of *sulphide of calcium*, ½ to 1 gr. each, three times a day. This treatment is effective in my hands.

ELMORE PALMER, M.D.

BOULDER, Colorado.

Another way to Count Rapid Pulse.

Editor MEDICAL WORLD:

Soft pencil in the other hand. Observe time when commencing, and tap on white paper with each beat; count dots at end of the time.

NEW YORK CITY. R. W. T.

NOTICE.—The January and February numbers of THE WORLD are *exhausted*. See note at bottom of page xi. To any who will send January number in good condition to us we will credit with twenty cents on the book. A number of late subscribers are *very* anxious to obtain it.

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Will you be kind enough to give the formula for "Marchisi's Uterine Catholicon?"

I. D. SPICER, M.D.,
GOLDSBORO, N. C.

Editor MEDICAL WORLD:

Will you please give the formula of Green's "August Flower?"

R. W. LANCE, M.D.
SOUTH WOODBURY, Vt.

[We published this formula twice last year. We will try to make room for it again soon.—ED.]

Editor MEDICAL WORLD:

Please give through THE WORLD the following formulæ:

Brown's Iron Bitters.

Wakefield's Cough Syrup.

Tallcot's Magic Cure Pills. I will enclose two of the pills. They are good.

J. T. BARNETT, M.D.
HARLINSBURG, Ind.

Editor MEDICAL WORLD:

Will you be kind enough to enlighten those of us who are unacquainted with it, as to the chemical constituents of antipyrin? What is it made of and how? What are its uses? Size of dose? Is it a nostrum?

ELMORE PALMER, M. D.
BOULDER, Col.

[Antipyrin is prepared synthetically from the constituents of coal tar. It is in the form of a white crystalline powder, and is soluble in cold water. As its name indicates, it is an antipyretic. The average dose is about fifteen grains. It is prepared in Germany, and the process of its manufacture is protected by letters patent. For further information and literature on the subject, address Messrs. Lutz & Movius, 15 Warren street, N. Y., sole agents for this country.—ED.]

Editor MEDICAL WORLD:

Please oblige me by stating, in Quiz Column, what is Jequirity, used in the treatment of tracoma.

JOHN E. LAWSON, M. D.
CORYDON, Ind.

[Jequirity is a plant growing in India and South America. An infusion of the seeds is used. For details and literature upon the subject, apply to Messrs. Parke, Davis & Co., Detroit, Mich.

It was at first used exclusively in ophthalmic practice, but Dr. J. V. Shoemaker, of this city, has extended its use to diseases of the skin. We think that the Doctor has some pamphlets upon the subject which he will probably send to any specially interested. The Doctor's address is 1031 Walnut street.—ED.]

Editor MEDICAL WORLD:

I would like to see what you regard as the best treatise on malarial hæmaturia, its pathology, treatment, etc. I am not fully satisfied with any thing that I have ever seen or read on the so-called typho-malarial fever. I would like to know the differential diagnosis between it and typhoid fever, and how much it differs from the pernicious bilious remittent fevers we have here in the late summer and fall months.

W. J. DEUPREE, M.D.
PINE MILLS, WOOD CO., Texas.

[We have been unable to find any treatise on malarial hæmaturia. The works on practice or on malarial fevers and the medical journals will have to be depended upon. We do not believe in "typho-malarial fever" as a distinct disease. When long continued high temperature in a severe case of malarial fever gives rise to the typhoid *condition*, many of the elements of the two diseases exist in the same patient at the same time. This is the so-called "typho-malarial" fever. This should not be confounded with true typhoid. The name is misleading and should be dropped from medical literature.—ED.]

CAN any of the readers of THE WORLD give me detailed symptoms of poisoning from cannabis Indica, and the amount of fluid extract that would produce lethal effect?

NEW YORK. C. P. M.

A SUBSCRIBER in Iowa wishes to know if any drug favors the formation of gall stones; also the best treatment and the proper diet for a person suffering from gall stones.

Editor MEDICAL WORLD:

Will other members of the profession give their experience with ergot in pneumonia? Will it do anything more than abort the disease in its earliest stages, and then, is it not necessary to push it to ergotism?

C. S. ROZZELLE, M.D.
DENVER, N. C.

FORMULÆ.

Chalybeate Draught.

(Used in the City Chest Hospital, London.)

℞ Tinct. of perchloride of iron.....minims 15
Dilute nitric acid..... " 15
Syrup..... " 20
Peppermint water.....to.... oz. 1

Mix.—One draught.

Mixture of Iron and Mercury.

(Used in the Samaratin Hospital, London.)

℞ Solution of perchloride of iron.....minims 10
Solution of perchloride of mercury(B.P.)dr. ½ to 1
Infusion of quassia.....to... oz. 1

M.—One dose.

Tonic and Stimulating Diuretic.

℞ Decocti chimaphilæ..... ℥ vj
Potass. nitras..... ʒ j
Spt. juniperi ..... ʒ j–ij
Spt. ætheris nit..... ʒ iij

M.—Sig. One teaspoonful every six hours, for a child of five years.

—Dr. T. H. Tanner.

Conium and Morphia Pill.

(Used in Consumption, Royal Chest and Great Northern Hospitals, London.)

℞ Extract of conium..... gr. 4
Ipecacuanha ..... gr. ½
Hydrochlorate of morphia..... gr. ⅛

M.—Make one pill.

Pill of Conium and Morphia Compound.

(Used in the Royal Chest Hospital, London.)

℞ Extract of conium.....
Ipecacuanha.....
Extract of henbane.....
Compound squill pill.....of each... gr. 1

M.—Make one pill.

Compound Digitalis Pill.

(Used in St. George's Hospital, London.)

℞ Digitalis powder..... gr. ½
Squill..... gr. 1
Blue pill..... grs. 3

M.—Make one pill.

For Sore Nipples.

℞ Sacch. alb.....
Zinc. oxidi.....
Mucil. acaciæ..... .....
Glycerini.....equal parts...

—Prof. Unna.

Compound Digitalis Pill.

(Used in Middlesex Hospital, London.)

℞ Digitalis powder..... gr. ½
Squill..... gr. 1
Blue pill..... gr. 1
Licorice powder..... gr. 1
Treacle.....to... gr. 5

Mix.—Make one pill.

Ferric Aperient.

(Used in Westminster Hospital, London.)

℞ Sulphate of iron..... grs. 2
Sulphate of magnesia..... grs. 30
Dilute sulphuric acid..... minims 10
Spirit of chloroform..... minims 10
Peppermint water.....to... oz. 1

Mix.—One dose.

Compound Ferric Mixture.

(Used in Charing Cross Hospital, London.)

℞ Sulphate of iron..... grs. 2½
Carbonate of potash..... grs. 3
White sugar..... grs. 6
Cinnamon water..... oz. ½
Water.....to make... oz. 1

Mix.—One dose.

Brodie's Liniment.

℞ Sulphuric acid..... dr. 1
Olive oil..... oz. 1
Turpentine ..... oz. 1

Add the acid gradually to the oil, stirring in a mortar; afterward add the turpentine.

For use in Hysteria.

℞ Inf. valerianæ..... ʒ vj
Tinct. valerian. comp..... ʒ j
Aquæ camphoræ..... ʒ iv

M.—To be taken three times daily.

—Dr. Gregory.

For Gastralgia.

℞ Tinct. opii.....
Tinct. camphoræ.....
Tinct. capsici.....
Etheris sulph.....āā... ʒ iij
Chloroformi..... ʒ j

M.—Sig. Teaspoonful as required. Efficiency is increased by a wineglassful of hot ginger tea with each dose.

Great London Liniment.

℞ Chloroform.....
Olive oil.....
Water of ammonia.....of each... oz. 1
Acetate of morphia..... grs. 10

Mix.

"Stomach Pad."

℞	Bayberry	oz.	1
	Lupulin	oz.	1
	Wild ginger	oz.	½
	Sassafras bark	oz.	1
	Gum myrrh	oz.	1
	Lady's slipper	oz.	½
	Capsicum	dr.	1
	Oil of fennel	drs.	2
	Oil of cloves	dr.	1

Grind the drugs to a moderately fine powder and mix with the oils and gum. Make into an oblong pad to wear over the stomach.

[We have been requested to republish the formulæ of "Dr. Pierce's Golden Medical Discovery" and "Dr. Pierce's Favorite Prescription." Below we give the former; the latter will be published next month.]

Dr. Pierce's Golden Medical Discovery.—(Nelson.)

℞	Fl. ext. cinchona	oz.	16
	Fl. ext. columbo	oz.	4
	Fl. ext. guiac	oz.	8
	Fl. sxt. licorice	oz.	4
	Tinct. opium	oz.	1
	Podophyllin (resinoid)	grains	120
	Glycerine	fl. pts.	6
	Alcohol, sufficient to dissolve the podophyllin		

Dissolve the podophyllin in the alcohol, add the rest of the ingredients. Dose. A teaspoonful.

[The formula for "S. S. S." is inquired for. This may be found in the number for September, 1884, a few of which remain.]

Another Expression.

C. F. TAYLOR, M.D., Philadelphia:

We have received calls for our circular, mentioning THE MEDICAL WORLD, more than from *all* the rest twice told. Please continue our advervisement. J. C. WADLEIGH.

President and Treasurer of the Western Suppository Co., Chicago, Ill.

OUR enterprising contemporary, the *Medical Advocate*, of New York, has added a "Portrait Gallery" to its many attractive features.

THE St. Joseph (Mo.) *Medical Herald* has adopted a newspaper form, which we rather like. It is the only "medical newspaper" in this country.

WE have recently added to our exchange list:

College and Clinical Record, Philadelphia.
Indianapolis Gazette.
Eastern Medical Journal, Worcester, Mass.
Kansas City Medical Record.
Maryland Medical Journal, Baltimore.
Therapeutic Gazette, Detroit.
Obstetric Gazette, Cincinnati.

All are welcome.

THE third edition of Dr. Cathell's book, "The Physician Himself," has been exhausted. The many admirers of this popular work will be pleased to learn that the fourth edition, greatly enlarged and improved, is now in press.

WE acknowledge the receipt of a Lutz Hypodermic Syringe of the latest pattern. It is in a high degree convenient and substantial. We have long regarded this as the best hypodermic syringe in the market, but with this late improvement it is better than ever.

SPECIAL.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free if you mention this journal.

SEND to Jerome Kidder Manufacturing Company, 820 Broadway, N. Y., for valuable illustrated pamphlet, "Researches in Electro-Allotropic Physiology." Mention THE MEDICAL WORLD.

SEND to Silurian Spring, Waukesha, Wis., for large pamphlet, which will be sent free, and mention THE MEDICAL WORLD.

SEND a postal to Dr. I. W. Chisholm, of New Concord, Ohio, for description and price of new instruments to measure nerve, or vital force. Always mention THE WORLD.

A DETAILED list and samples of Soft and Hard Filled Capsules, will be sent free on application to L. H. Gedney, 1714 First Avenue, New York City. Mention this journal.

SEND a postal to Messrs. Fairchild Bros. and Foster, 82 and 84 Fulton street, New York City, and get pamphlet describing their new preparation, "Peptogenic Milk Powder," and mention THE MEDICAL WORLD.

FIFTY of Carey's Compound Petroleum Pills, with formula, will be sent free, if you mention this journal. Address: Carey & Co., Manufacturing Chemists, 322 E. 117th street, New York City.

A SAMPLE quart bottle of Malt Whisky will be sent for 75 cents, to physicians who mention THE MEDICAL WORLD. Address: Duffy Malt Whisky Co., 53 South street, Baltimore, Md.

SEND a card to Thomas F. Goode, Buffalo Lithia Springs, Va., and you will get pamphlet free.

SEND a postal to Prof. J. A. Wyeth, M. D., 214 E. Thirty-fourth street, New York City, and get catalogue of New York Policlinic. Sent free. Mention WORLD.

SEND to Smith and Shaw Electric Co., 168 W. Thirty-fourth street, New York City, for description of new closed cell pocket battery. Mention WORLD.

IN A RECENT conversation, Professor Alfred L. Loomis remarked that chloride of zinc had main-

tained its long-established reputation as a disinfectant, as was shown in Miguel's classification. Sulphurous acid and chlorine were powerful germicides, beyond question, but their every-day use was impracticable, and the bichloride of mercury, although it might be the most potent of all the agents that were chiefly talked about, was hardly to be considered safe for domestic use. But the preparation known as "Platt's Chlorides" (a solution of the chlorides of zinc, lead, calcium and aluminium) which he had made use of freely for the past five years, both in his own house and among his patients, he considered as by far the best for all the sanitary requirements of the household. (Notice Mr. Platt's generous offer in advertisement on page xi.)

A HANDSOME BOOK will be sent free to subscribers of THE WORLD, if request is sent to McIntosh Galvanic and Faradic Battery Co., 192 Jackson st., Chicago, Ill.

A SAMPLE of Ridge's Food, and pamphlets, will be sent free to those who request them. Address: Messrs. Woolrich & Co., Palmer, Mass., and mention this journal.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

Do not fail to write to J. B. Alden, publisher, 393 Pearl street, New York, and get his hundred-page Catalogue, sent free to those who mention THE MEDICAL WORLD. See advertisement page v. "The Book Worm," monthly, 25 cents per year; send for sample copy. "Choice Literature,"—monthly; 1000 large pages of the most select literature each year; subscription price only $1.00.

Do not fail to send for a sample of "Papine." Address Battle & Co., St. Louis, Mo., and mention THE MEDICAL WORLD.

DO NOT fail to send your address to Messrs. Geo. F. Laird & Co., 44 Park Place, N. Y., and get a sample of the new preparation, Oleo-Chyle, which will be sent free of all expense.

BE SURE to send a postal-card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent free if WORLD is mentioned.

To physicians not yet acquainted with hydroleine a sample and pamphlets will be sent on application if the WORLD is mentioned. Address Wm. F. Kidder & Co., 83 John street, New York.

READ lower half of page 2 and send to Messrs. Lambert & Co., 307 Locust street, St. Louis, Mo., for recent medical literature on "Preventive Medicine." A sample bottle of lithiated hydrangea will be sent free if THE WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges.

A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm. R. Warner & Co. for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD.

IT will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who address the Rio Chemical Company, 218 N. Second street, St. Louis, Mo., and mention this journal.

IF you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk free, if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co.. on adv. page vi

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

WRITE to G. W. Lutz & Co., 22½ S. Ill. St., Indianapolis, and get circulars describing the best hypodermic syringe in the market and other useful instruments.

WHEN writing to Otto Flemming, 1009 Arch St., Philadelphia, for catalogues of electrical instruments, always mention THE WORLD.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore and get a physician's sample of Mineral Earth. Always mention THE WORLD.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

"THE URINE IN DISEASE," a Chart 14x18 inches in size, excellent bristol-board arranged by Louis ..., M. D., M. R. C. S. (Eng.), given to subscribers until ... 1st, 1885.

Subscription (with Chart) to any part of the United States ... Canada, ONE DOLLAR per year. To England and the ... Colonies (with Chart), FIVE SHILLINGS per year. ... free. These rates must be paid *invariably in advance.*

DUE NOTICE is given on the wrapper when your subscrip... expires. You are invited to renew promptly, when this ... is given. This is necessary if you wish to continue ... THE WORLD, as it is sent only as long as paid for.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M. R. C. S. (ENG.). ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
401 South Eighth Street,
PHILADELPHIA, PA.

VOL. III. MAY, 1885. No. 5.

Philadelphia's Terrible Death Rate.

With all its fortunate conditions, climatic and local, the expansion of its population and the intelligence and good conduct of its citizens, Philadelphia has a higher death rate than London, notwithstanding the greater age of the latter, its population of four millions to Philadelphia's one, and the average of eight persons to each house against less than six in Philadelphia. To a great extent this relatively high death rate is chargeable to the diseases known as zymotic and classed as preventable, *viz*: Typhoid fever, diphtheria, scarlet fever, etc. Philadelphia kills one person a thousand more than London. In all, the lives of more than one thousand persons are needlessly sacraficed every year and the health of thousands more impaired. The causes of these are a sewage-polluted soil, bad water, defective sewerage, defective highways and defective plumbing. The responsibility for these things does not rest with the people, who cannot be fully expected to fully appreciate or understand them, but upon those whose business it is to know and whose duty it is to make them plain and to indicate and provide the proper remedies.

Activity and Health.

ACTIVITY is one of the key-notes to health, and it is by means of movement, effort and struggle, that we maintain a normal condition. The body is continually decaying, some portion or other at every moment breaking down, decomposing, and approaching the inorganic state. There is an endless round of force-mutation; it is evolved by muscles in their decomposition, and produces motion by nerves, and constitutes nervous force. Those effete and decaying particles of matter which have parted with their force, have to be speedily washed away by a vigorous circulation. A life of inactivity is not conducive to this; the organization needs such stimuli as disturb the equilibrium. By mental and bodily activity, we help to "shake off" our debris.

THE CHART, "The Urine in Disease," is now in use in the majority of the principal hospitals of this country. It is uniformly praised for its eminent usefulness. It presents at a glance the abnormal ingredients, with variations from the normal standard in each; the tests given are the simplest, yet the most reliable; most of the re-agents used may be found on the shelves of any physician. The "Remarks," "Therapeutic Notes." etc. given, are "nut-shell" embodiments of what it would take long, weary study to get from the books.

The price of the chart is only fifty cents. It will be given to those who subscribe for THE WORLD before the first of June. Send subscription so it will arrive here before the above date. Chart is never sent until money is received, and it *will not* be given as a premium after the first of June.

Satisfactory Treatment for Troublesome Affections.

Croton chloral hydrate, or butyl chloral, has proven a useful remedy in my hands, in neuralgic dysmenorrhœa, and in sciatica and lumbago; though it has been principally quoted for it, success in neuralgia of the fifth pair of nerves. I suggested its employment in this direction some years ago, as referred to by Professor Ringer, in his "Therapeutics," and Doctors Benson Baker and Thos. Skinner (of London) afterwards described cases in which it was successfully used. Five or six grains may be given three times a day, with glycerine and water. The pain of the above diseases usually yields rapidly to this treatment alone.

LOUIS LEWIS, M.D.

The Current Medical Thought.

Hydrochloric Acid for Dyspepsia.

In the majority of cases of dyspepsia it is the hydrochloric acid of the gastric juice, and not the pepsine, which is deficient, and which is therefore much more frequently required, the dose being eight to ten minims of the diluted acid, in a glass of water after each meal. The old, established practice of giving acid mixtures in cases of fever—during which the activity of the gastric juice is impaired—is partly due to this circumstance. It must never be forgotten that hydrochloric acid may be indicated even when the gastric juice is very acid—as the result, for example, of acetic or butyric acid fermentation; for it takes a much greater degree of acidity to effect healthy digestion with them than with hydrochloric acid, the normal acid of the gastric juice.

At the Head of the Antiseptic List.

Studied by their power to prevent the development of micro-organisms in sterilized broth, the biniodide of mercury stands at the head of the list of antiseptics. It is three times as strong as the bichloride. A solution of a $\frac{1}{40000}$ strength renders life impossible to any form of microbe, says M. Miguel, while of bichloride the strength must be $\frac{1}{14000}$. Iodide of silver is also more powerful than the bichloride of mercury.

A Cause of Bronchial Catarrh.

Bronchial catarrh is frequently induced—in females—by the too frequent use of "smelling-salts" at halls, theatres and places of amusement, the inhalation of ammoniacal fumes being a fruitful cause of that troublesome affection.

Fatigue and Insomnia.

It is well-known, and within the experience of most persons, that a certain point of fatigue may be reached when sleep is impossible. This condition is the result of increased cerebral hyperæmia, consequent on vaso-motor paresis. After a day of incessant activity, mental and physical, this overtaxed state may be attained. If, in addition, there be anxiety of mind, or a persistent source of worry, the insomnia is aggravated. To "take off one's cares with one's clothes," is, indeed, an excellent rule, in the abstract, but one at times very difficult of accomplishment. Here the judicious administration of a stimulant, in the form of a "night-cap," is perhaps legitimate and desirable.

A Cheap, Convenient and Efficient Disinfectant.

The addition of a little vinegar to a plateful of common salt provides a disinfectant, at once active, innocuous, non-corrosive and odorless, and equal in effect, to its analogues, chloride of lime and chloride of magnesium. Sufficient chlorine is evolved, and not too much.

Two grains of iron-alum in an ounce of water, with a little glycerine, make an excellent injection for gonorrhœa and gleet.

Mortality of Whites and Negroes Compared.

In no statistical exhibit is the difference between the death-rate of the white and the colored population more marked than in a table published in the report of the Memphis Board of Health for the year 1884. The death-rate of the white resident population for 1884 was 25.18 per 1000, while the death-rate of the colored resident population was 49.22 per 1000, nearly twice as great. The difference is more marked in the death-rate among the non-resident population, chiefly employed on the levees and railways in course of construction. The death-rate among the non-resident white was 11.66, and among the non-resident colored population, it was 33.30 per 1000, nearly three times as great.

A Cure for Tape-Worms.

Two drachms each of kamala and powdered gum acacia to be rubbed down into an emulsion with a little water, than add two drachms of liquid extract of male fern, with careful trituration, gradually adding water up to three ounces. Dose: half of the mixture at bedtime, the remainder four hours later.

The first dose should be taken fasting.

Color and the Food.

By the addition of different chemical agents to the soil, the colors of flowers may be variously altered. They may be darkened by iron salts, proportionally to the amount of tannin present in the plant. Tannin is present more or less, in all parts of plants as well as in the petals. Flowers may thus be made to assume the most manifold hues, from pale rose to sombre black. Dahlias and hortensias have been produced, actually black, by these means. Aniline colors them green.

The color of birds has been similarly changed by the use of appropriate re-agents in their food. The plumage of canaries has developed into a crimson, under a treatment of steeped bread and red cayenne pepper, without injury to the bird. So in the human system; arsenic taken internally frequently imparts a brown color to the skin. Nitrate of silver gives it a "slatey," or blue-black appearance. Sulpher darkens it also. Sulphate of aniline stains it yellow, and sometimes blue. Salts of copper often stain the teeth and hair yellowish-green. The urinary secretion is also curiously changed in color by different agents taken by the mouth. Carbolic acid, tar, and creasote darken the urine, indeed sometimes blacken it. Santonine, picric acid and its salts, carbozotates of ammonia and iron, impart an orange color to it, and beets redden it.

Laxative in Hemorrhoids.

Five grains of precipitated sulphur, with a drachm of confection of senna, taken at bedtime for a week or more, forms an agreeable and efficient bolus in the treatment of hemorrhoids.

Morphia and Cocaine.

The addition of two-per-cent. of hydrochlorate of morphia, to a four-per-cent. solution of hydrochlorate of cocaine, renders the latter more active and more permanent in its anæsthetic properties.

Useful Applications of an Old Remedy.

Vinum colchici, in one-minim doses, hourly repeated, has had a markedly beneficial effect in our hands, in the treatment of epididymitis and orchitis. It has also proved serviceable in arresting the secretion of milk.

Action of Alcohol.

The action of alcohol in the stomach is three-fold:—

1. Its local action on the mucous lining, with which it comes in contact.
2. Its reflex action on other organs, through the sensory nerves of the mucous membrane.
3. Its action on the brain, spinal cord and other organs, to which the blood conveys it.

All these actions are much modified by the degree of concentration in which it is employed; and by the admixture with it of various ethers, hops, vegetable acids, etc., which are present in the form of alcohol used. The mucous membrane of an empty, healthy stomach, is pale in color and bathed in mucus. On the addition of a little alcohol, the blood-vessels of the mucous membrane dilate, and it assumes a rosy-red tint, its glands pour out their secretions, and gastric juice appears in beads on the surface, which gradually coalesce until they run down the sides in little streams.

Milk in Phthisis.

Milk is conceded by most medical men to be one of the best articles of food in the treatment of phthisis. It contains all that is required by the body, and the best proportion of mineral matters; is less irritating than other nourishing foods, and better digested. The quality of milk varies according to the animal whence it is obtained, and the food consumed by it. The dangerous substances possible to be contained in it, as fever-poisons and tubercle-bacilli from diseased cows and their udders, may be obviated by boiling. Occasionally, milk appears to disagree, causing diarrhœa, nausea, acidity, etc., when the addition of a little lime-water—say a sixth part—corrects this tendency, besides exerting a soothing influence on the mucous membrane, and possibly helping the cretaceous change in caseous deposits. The addition of a small quantity of rum, whisky, or brandy, is useful for persons *accustomed* to stimulants, especially when much pyrexia is present. From one to three pints of milk may well be taken in the course of twenty-four hours.

Bicarbonate of Soda in Suppression of Urine.

Bicarbonate of soda frequently acts like a charm in suppression of urine, from nephritis or other causes. A half-teaspoonful given in water every three or four hours, will restore the secretion in normal quantity and in its integrity. We have no explanation to offer of this singular action, but merely state the fact as worthy of further attention. This treatment has been successful even in the presence of anasarca, convulsions, and impending coma.

Effects of Masturbation.

Masturbation is a prolific cause of varicocele, and of a urethral discharge, which is often mistaken for seminal fluid, but which is more frequently of prostatic origin.

Singular Effects of Podophyllin.

Repeated small doses of podophyllin have the singular effect of deadening the sense of taste; at least we have been told this many times by patients undergoing this treatment. We shall be pleased to hear if other physicians have had a like experience.

Rosinol.

Rosinol is a yellow, mobile, neutral oil, containing cresylic acid, creasote, etc. It is obtained by dry distillation from resin. Resin is itself the residue from the distillation of turpentine, and consists of abiatic, acetic and succinic acids, with tarry hydrocarbons. Rosinol is reputed a specific in metritis, vaginitis and kindred disorders, applied locally. Internally it is said to achieve wonderful success in gastric ulcer, in doses of one drachm, two or three times a day.

Terpine.

At the Lyons Society of Medical Sciences, Professor Lèpine read a paper on turpine, or hydrate of turpentine. He has employed it in chronic bronchitis, and in some cases of chronic nephritis, with rare success. Mons. Mollière, Surgeon-Major at Hotel Dieu, corroborated nis statement, and himself obtained excellent results in chronic nephritis. The dose of turpine ranges from twenty to forty centigrams, or from three to six grains. Prof. Lépine remarks that—contrary to the action of spirit of turpentine, turpine does not lessen the bronchial secretion, but rather increases and fluidifies it. In chronic nephritis it is a diuretic, through direct action on the kidney epithelium, and not in the same manner as digitalis.

Alcohol in Diphtheria.

It is next to impossible to produce intoxication from alcohol in a patient, even a child, suffering from diphtheria. Both the local and internal usage of this agent are rational in the treatment, if the theory that this disease is first local and afterwards develops into a general disease be true, and that the infection is perpetuated by the local disease. Alcohol lessens the liability to subsequent paralysis, soothes the cerebral symptoms and delirium, and destroys the vegetable fungi.

Antipyrin in Rheumatism.

M. Bernheim (of Nancy) testifies to the good effects of antipyrin in several cases of acute articular rheumatism, in the Nancy Hospital.

Resection of Scrotum for Varicocele.

Mr. Horteloup (Paris) treats varicocele by resection of the scrotum, a simple operation for painful or elongated varicoceles, and giving excellent results.

Chloral Hydrate for Whooping-Cough.

Dr. Jaffroy (Paris) objects to the administration of belladonna, bromides, salicyltates, quinine, chloroform, etc., in whooping-cough. He stands by hydrate of chloral, in small doses, according to age, powdered and given in jelly, night and morning. He extols this treatment as the most manageable and serviceable.

Temperance Drinks.

It has been discovered that a decoction of quilla bark, under the name of "Foamine," is being used to give a head to various temperance drinks. This bark owes its property of frothing to the presence of saponin, a poisonous glucoside; and consequently the use of this substance in drinks is very reprehensible, though in the majority of cases, perhaps, its employment is due to ignorance.

THE leaves ot the beech tree—*Fagus Sylvattica*—yield a decoction fragrant and agreeable, and very similar in taste and properties to ordinary tea.

Dangerous Colors.

The rich chrome-orange and chrome-yellow coloring of cotton socks and other goods is far more injurious to health than the much-abused analine dyes, as the former contain a salt of lead in quite a large quantity.

Cause and Cure of Anæmia.

Anæmia is caused by a fermentative process in the stomach or intestines, which decomposes the hæmatoglobin, and is to be remedied by large doses of iron or by hydrochloric acid, or by treating the gastric or intestinal conditions which give rise to the fermentation.

Professor Bunge (Germany) maintains that the inorganic iron salts are never absorbed, and that the only way in which iron is assimilated is as a complex iron compound which is the result of vital processes in plants.

A Valuable "Building Up" Preparation.

We would recommend the following as a potent nutritive and stimulant for convalescents, and, in small doses in the early morning, for sufferers from chronic phthisis, (when stimulants are not contra-indicated). Pound the shells of three eggs in a mortar, over them squeeze six lemons, and let it stand twenty-four hours, when the shells will be found dissolved. Add the contents of three fresh eggs, stir together and pour into a pint bottle with a quarter of a pound of sugar, and fill the bottle with old Jamaica rum. Dose, from one to two tablespoonfuls. This forms a most nutritous aliment, the egg shells being of special value, as they consist mainly of phosphate and carbonate of lime, animal matter, iron and sulphur, and are here presented in a convenient and palatable form.—L. L.

Cheap and Convenient Form of Manganese.

Though permanganate of potassium has been much extolled as an emmenagogue, the black oxide of manganese is more efficient, cheap and easily given. A more eligible preparation is said to be that thrown down in a solution of a soluble salt of manganese by carbonate of ammonium. This consists at first of carbonate, which, by exposure, becomes manganoso-manganic oxide. Both this and the black oxide have proved "most efficient agents in amenorrhœa and dysmenorrhœa."

THERE are more births, and less still-births, in the month of September than at any other period of the year in Philadelphia.

Mr. Gladstone on Specialism.

Mr. Gladstone is of opinion that "the besetting danger of our age is what is called division of labor, in the world of industrial production, and specialism, in the field of medicine. These are excellent things in their way, but they have a tendency to dwarf and narrow the mind, which needs exercise for all its faculties. It is necessary to become students of the mind as well as of the body. Patients are affected by causes that have their root, not only in the material structure, but in human hopes and fears; through human appetites, and passions, and affections, and the strength of human will, human fancies, and human caprices."

These are thoughtful and pregnant words.

Cæsarean Section.

Cæsarian section was successfully performed on the 10th of March, in Scotland, by Dr. Muir. The uterus was removed by Porro's modified operation, after delivering of the child, and the pedicle treated as in ovariotomy. The operation was performed on account of pelvic deformity, impeding delivery. The mother and child are both doing well.

Fish Dinners.

The Friday fish dinner of the Romish church is a wise ordinance, from a sanitary point of view, and has probably contributed to save many hard brain-workers from breakdown. Fish has been proved to repair brain waste better than any other aliment. A fish diet, with milk, simple food and avoidance of beef, pork, veal, and other azotized foods, is most advantageous in such conditions as hemiplegia, in which there is already a super-abundance of fat present in the blood.

Man's Physical Power.

When a man ascends a stair of regular grade, he lifts his own weight. If he carries in his hand a watch with second hands, he can register the time occupied in ascending one, two or three stories; and this height, multiplied by his weight, will give the amount of physical work done; foot-pounds lifted, and this, divided by the time or parts of the minute, will give the work per minute; dividing this again by 33,000 foot pounds (the standard work of one-horse power per minute—English) we will have a fraction of a horse-power as the comparative measure of the man's work, or force. If he ascends a tower

stair until compelled to stop for breath, he will thus ascertain his ultimate force power, or strength. If he ascends rapidly until exhausted, he will accomplish in shorter time than when moving deliberately, the work of which he is capable. Moving slowly, his effort will be longer continued, but in time he will reach a limit. A series of such experiments by men of various weights, ages, heights, etc., would give interesting physiological results as to the powers of the human constitution under different conditions, the rate of increase and average of strength with advancing age, and at what age a given quantity of flesh, blood, and bone is capable of exerting the greatest force.

Diphtheritic Deposits in Typhoid Fever.

At the advent of typhoid fever, minute pellicles of diphtheritic membrane may usually be detected on the upper and posterior surfaces of the tonsils, and a few small patches in the fauces; and the intensity of the typhoid attack will probably be in proportion to the amount of the deposit in the throat.

To Reduce the Pulse and Temperature.

Hourly minim doses of tincture of veratrum viride reduces the pulse and lowers the temperature in a remarkable manner, in typhoid and other fevers.

For Tonsilitis.

For acute tonsilitis and enlarged tonsils generally, a saturated solution of bicarbonate of soda, applied locally and frequently, speedily reduces the swelling.

Applications of Oil in Chest Affections.

In bronchitis and pneumonic affections the breathing is much relieved and the congestion of the mucous membrane lessened, by bathing the chest with olive oil, slightly warmed, and then applying some old shirting or other material, saturated with the oil, to the whole thoracic surface.

How to Apply Artificial Heat.

Bags of hot sand are much better than bottles of hot water to place in the beds of invalids who require artificial heat. The sand retains heat longer than water, and sand bags are more comfortable "bed-fellows" than bottles.

Contagiousness of Tuberculosis.

Dr. Austin Flint, Sr., thinks that if tuberculosis is an infectious disease, produced by a parasite, its contagiousness must follow, as a matter of course. The presence of a parasite has been demonstrated. The great preponderance of evidence is in favor of the view that it is uniformily present in products recognized to be tuberculous. The bacillus is not found in products which from other characters are considered to be not tuberculous. The conclusions which he had reached is that there is some essential connection between the presence of this parasite and the tuberculous disease. In regard to the contagiousness and inoculability of tuberculosis, he thinks that all testimony is in favor of this. Other causes may co-operate, and undoubtedly do co-operate in the product of tubercle, but the presence of the specific parasite is essential.

Germination and Tuberculosis.

Cold, dry climates, in conjunction with elevated situations, are foes to germination and tubercular disease: *per contra*, warmth and humidity, with low-lying situations, favor germination, and provide the localities most fruitful in these affections.

Defective Drainage.

Congestion and inflammation of the throat, acute and chronic, enlargement of the tonsils and relaxation of the uvula, otorrhœa, cephalalgia, general debility, febricula and low continued fevers; typhoid, typhus, puerperal and yellow fevers; diarrhœa, erysipelas, diphtheria, pyæmia and septicæmia; all these are included among the pathologic indications of defective drainage. The physical indications which should point to their origin, include foul, unaccountable odors about the house; damp places near the course of a drain; caving-in of flooring over the site of a drain; chokeage of sinks, etc., and rat holes in or about the basement.

Changes Caused by Respiration in an Hour.

In an hour, a grown man inhales from 15 to 20 cubic feet of air, and exhales from three-quarters to one cubic foot of carbonic acid; he also gives out about 2½ ounces of watery vapor from the lungs and skin, in the same space of time.

Vaseline in Pastry.

Vaseline is being largely used by French bakers in the manufacture of pastry and bread as a substitute for lard or butter. It is not supposed to be injurious, but has no nutrient properties. It is said to prevent rancidity.

Mosquito Bites.

One drachm each of spirits of chloroform and spirits of camphor, and two grains of corrosive sublimate, in four ounces of water, will allay the irritation caused by mosquito bites.

Simple Test for Lead.

A simple test for the detection of lead in drinking water is provided by tincture of cochineal, a few drops of which will color the water blue, if there be the remotest trace of lead present.

Signs of Chorea.

When an otherwise careful child grows careless, when the handwriting suddenly deteriorates, when the position in class at school is repeatedly lost, when slates and books drop from the hand, when there is obvious facial movement in reading and writing, suspicion should be aroused, work stopped, and further symptoms watched for, indicative of chorea.

Anatomical Variety.

No two individuals have exactly the same anatomical structure, and nearly every one has some bony prominence, supernumerary muscle or abnormal blood vessel which tells the tale of his descent. Scarcely one body is perfectly normal in every part. Some have as many as thirty or forty variations in their bones, muscles, or arteries. Variations are more frequent in negroes and indian subjects than in those of European descent.

Effect of Permanganate of Potash.

Binz (of Berlin) in personally experimenting on the action of permanganate of potash, found his respiration deeper and easier, and a general feeling of well-being and exhileration after medicinal doses; and attributes this to the liberation of nascent oxygen, or rather ozone, during its decomposition. These sensations were succeeded by a certain amount of lassitude and drowsiness, not sufficient, however, to be disagreeable.

Conium for Sleeplessness.

Drachm doses of fluid extract of conium allay and often cure sleeplessness, and are useful in chorea, spasm of paralyzed limbs and general irritation.

Treatment of Secondary Syphilitic Baldness.

This affection is characterized by an extensive and persistent loss of hair from the scalp, eyebrows and eyelids, independent of any eruption of the skin, and distinct from the tertiary syphilitic alopecia resulting from cicatrization of ulcerations. It may be successfully treated by the topical application of the following ointment:

℞	Hydrargyri iodidi rubri.....	gr. v
	Attar rosæ.....	♏ ij
	Ol. amygdalæ.....	♏ x
	Unguenti simplicis	ʒ j

M.

For the eyebrows and eyelids, where the skin is more sensitive, the mercury should be reduced to one-half the quantity. This treatment is usually satisfactory, after about a month's trial.

Danger of Acid Cheese.

Cheese, when excessively acid, is likely to produce alarming gastro-intestinal irritation. An outbreak of cheese-poisoning in Michigan recently, was traced to this cause; and though no deaths ensued, the attacks were quite severe. The application of litmus would readily warn us of the presence of this danger.

Early Treatment of Cholera.

Chelidonium majus (celandine) is recommended in the premonitory diarrhœa of cholera. Four parts of the tincture are macerated in one hundred and fifty parts of mucilage; a tablespoonful to be taken every two hours.—Dr. TARTENSON, (Paris).

For Neuralgia of the Fifth Pair.

A pledget of cotton dipped into a mixture of equal parts of fluid-extracts of belladonna, viburnum opulus and gelsemium, introduced into the ear, gives almost instantaneous relief in neuralgia of the fifth pair.—Dr. CSARTORYSKI.

DR. AUSTIN FLINT, SR., says that a fever patient never catches cold.

Antiseptic Value of Boric Acid.

M. Leboriez, professor of Hygiene, at Salonica, Turkey, states, as the result of his clinical observations, that, as an antiseptic, boric acid is ahead of all other drugs. Its price brings it within reach of the poor and makes it acceptable on the field of battle. A soldier can carry an ounce or so in his pocket, and, by cutting his handkerchief into two triangular pieces, is provided with bandages and all the dressing that is necessary. At the season of epidemics, boric acid fumigations should be carried out on an extensive scale, for they are superior to any other.

Professor Polli says, on the same subject: "The anti-fermentative properties of boric acid being now conceded, its perfect harmlessness, its toleration by animal bodies, its unchangeableness under atmospheric influences, and its low price, this chemical product deserves the attention of medical men, and should encourage them to probe still further its qualities as a useful agent.

For Phthisical Night-Cough.

The distressing night-cough of laryngeal and pulmonary phthisis is much relieved by the inhalation of ten minims each of spirits of chloroform and pure creasote.

Albuminuria from Chloroform Inhalations.

M. Terrier has made a series of experiments with the view of deciding this question. Of ten cases which were carefully observed with reference to the presence of albumen in the urine, it was discovered in eight in which there had been no operation. The period of anæsthesia varied from thirty to seventy-five minutes. In another series of ten cases, in which surgical operations were performed, albumen was present in every instance. Whenever a slight trace of albumen had been found before the anæsthesia, the amount was greatly increased after the anæsthesia. [These experiments are noteworthy in connection with the opinion that chloroform is safer than ether for patients with renal disease.]—*L'Union Medicale.*

Simple Cure for Cold in the Head.

Dr. J. L. Davis says that in a case of common cold in the head he has used the following with complete success: Half a grain of tartar-emetic is dissolved in four ounces of water, and a teaspoonful of this is given every fifteen minutes for four doses, and then hourly, and after that every three or four hours. The disease is often cured in the course of one day.

For Persistent Gleet.

A five to ten per cent solution of chloride of lime is efficacious as an injection in persistent gleet.

How to get Rid of Insects.

Mosquitoes, flies and other pests will not enter a room in which the castor-oil plant is growing; or, if they should enter it, they are soon found dead beneath the leaves.

Heat and Microscopic Organisms.

Dr. Sternberg states that the moist temperature of boiling water will promptly destroy all disease germs having no spores; and that steam at a temperature of 221° Fahrenheit, maintained for ten minutes, will destroy bacilli with spores. 212° of dry heat, maintained for an hour and a half, will destroy bacteria without spores; and 284° will destroy bacteria with spores, in three hours.

Medical Listerism.

Much harm has resulted from misplaced confidence in so-called disinfectants. Copperas, or sulphate of iron, for example, has been more largely used than anything else; it is a deodorizer, but not a germicide. Dr. Sternberg has shown that it fails to kill germs in saturated solution. Such errors are no longer admissible on the part of competent medical men. When a spoon has been used to administer medicine, pass it through a disinfecting bath and then plunge it into boiling water. Do the same with every plate, dish, cup, saucer, and every article touched or used by the sick, and destroy and disinfect all food, any part of which has been tasted by the patient. It is notorious what splendid results have been achieved by the application of the principle of sanitary science to the person. I believe that medical "Listerism" is of no less importance than surgical. Moreover there are a hundred medical patients to one surgical. The same precautions apply to bathing the sick. So long as we pour choleraic and typhoid fever discharges through the water-closet without disinfection, and bathe these patients in the bathtub and let the water in which they were bathed run into the sewer, so long shall we be sowing broadcast the germs of destructive disease.—Prof. Ellzley, M. D. (Washington).

Malt as a Food.

Dr. J. Milner Fothergill highly praises malt extracts as foods in cases of enfeebled digestion, when the stomach rejects, or will not assimilate other aliment. In these cases, sugar—which is a main source of fat—undergoes acetous fermentation in the stomach, so cannot be employed in cases of emaciation; whereas, maltose is a non-fermentable sugar, and therefore does not provoke dyspepsia or acidity.

Hydriodic Acid for Asthma.

Dr. Judkins (*N. Y. Medical Record*) reports the successful treatment of a very aggravated case of hay asthma, by the administration of hydriodic acid in form of syrup, a tablespoonful every hour or two.

We have been prescribing this, in the form of Gardner's syrup of hydriodic acid, for the past three years, with much benefit in idiopathic asthma, and also in syphilis; in the latter disease it acts satisfactorily when iodide of potassium seems to fail.

A New Hypnotic.

Dr. Wood (*Therap. Gazette*) concludes that hyoscine is the only pure salt of hyosyamia; and that, as it combines decided hypnotic powers with sedative action on the spinal cord, and a feebly depressant effect on the circulation, together with a freedom from disturbance of the secretions and unpleasant after-effects, we may reasonably look for some valuable therapeutical developments. Merck's hydrobromate of hyoscine is the salt indicated.

Belladonna for Intolerance of the Iodides.

The *Lyon Medicale* says that intolerance of iodide of potassium may be removed by the administration of three-fourths of a grain of extract of belladonna, morning and evening. This fact is of great value, especially when it becomes necessary to give the iodide in large doses.

Intra-Venous Injections after Severe Depletion.

As the outcome of some recent experiments regarding the effects of the saline ingredients of the blood on the contraction of the heart, Prof. Sydney Ringer suggests, in the British *Medical Journal*, that an intra-venous injection, in profuse flooding, and in the excessive alvine discharges of cholera, should contain bicarbonate of soda and physiological doses of salts of calcium and potassium.

Oxide of Zinc in the Treatment of Wounds.

Socin speaks highly of this substance as an antiseptic in surgical practice. For the irrigation of deep wounds he uses a one per cent. mixture with water; superficial open wounds should be washed with a ten per cent. mixture. Large raw surfaces, burns, contusions, etc., are dusted with the powder. As a permanent dressing, the writer recommends a paste composed of fifty parts, each, of water and oxide of zinc, and five parts of chloride of zinc. It forms a dry coating, beneath which healing takes place with unusual rapidity. Stress is laid on the fact that zinc is of little service in the case of a wound that is already septic.—*Deutsche Med. Zeitung.*

To Expedite Delivery.

A piece of flannel soaked in equal parts of chloroform and sweet oil, and applied closely to the surface between the umbilicus and the symphysis pubis, is said to expedite delivery by relaxing rigidity of the uterus or its os.—*Weekly Medical Review.*

Cure for Scabies.

Iodoform rapidly destroys the parasites of scabies and their germs, and relieves the attendant itching, without irritating the skin nor bringing about new rashes. It deserves to be placed above all other remedies for scabies.—Dr. Grigorieff, in *London Medical Record.*

The Cocaine Craze.

Not to have prescribed cocaine indicates ignorance of modern therapeutical advances. The following amusing incident is, we have reason to know, true: A distinguished physician in the world (we don't wish to give even a hint as to the country) heard of cocaine and read about cocaine, but had not yet ordered it. He saw from published reports that, applied locally, it eased pain. A patient had some painful affection, so to show his acquaintance with the most recent drug he prescribed cocaine in a certain per cent. solution. This was to be applied on lint or cotton wool to the part. The prescription was taken to the chemist. The chemist looked at it. Lo! before his eyes was a prescription, to make up which would cost

£6. 10s., ($32.50)! What was he to do? Like a sensible man he saw the physician and told him that cocaine was a very dear drug. The physician expressed his surprise; morphia or something else was substituted. The moral is simple: even physicians would do well to look at the drug list and examine prices, especially when a new anæsthetic is in the case.—"*Midland Medical Miscellany.*"

Early Man in America.

According to Professor Brinton, of the Academy of Natural Science, many important traces of early man are to be discovered in the Mississippi valley. Near St. Paul begins the modified glacial drift of an intermediate glacial period. Fifteen feet below the surface, in it, are found stone implements and remains of workshops. In Patagonia remains of fires, tools and implements of bone were found. These things indicate a somewhat advanced stage of civilization, and were left by men who lived here before the horse was extinct. From these things it is inferred that a race, with race types and characteristics, existed here as early, if not earlier, than elsewhere on the globe. The characteristics of the American race is color ranging from copper to white; stiff hair and little of it; foreheads retreating, compressed at the sides and low; eyes straight; noses dissimilar; mouths large; chin round, small and regular; expression hard and unpleasant. The sexes are much alike in appearance when they do not wear garments fashioned for the purpose of distinguishing them. The higher the development of man, the more pronounced is the distinction between the sexes. —*Exchange.*

Tincture of Citro-Chloride of Iron ("Tasteless Tincture of Iron.")

Solution of chloride of iron (United States Pharmacopœia), 4 fluid ounces; citric acid, 2100 grains; bicarbonate of sodium, 2270 grains; alcohol, 4 fluid ounces; water, enough to make 16 ounces. Dissolve the citric acid in 4 fluid ounces of water, heat the solution to the boiling point, and gradually add the bicarbonate of sodium. When effervescence has ceased, add the solution of chloride of iron, and cool the mixture. Then add enough water to make it measure 12 fluid ounces, and, finally, add the alcohol.

Each fluid-drachm contains about 7·5 grains of dry ferric chloride.

NOTE.—This tincture is approximately of the same strength, in metallic iron, as the official tincture ferri chloridi.—(Pacific Medical and Surgical Journal).—*National Druggist.*

"Knee-Jerk" in Diabetes.

The presence of "knee-jerk" in diabetes mellitus appears to give a favorable color to the prognosis. A large proportion of cases presenting this patellar-tendon reflex recovered, whereas those in which this peculiar symptom was absent, were mostly fatal. Such are the apparent results of numerous observations made within the last three years by M. Bouchard.

On Emetics.

At the Medical Society of London, lately, Dr. C. J. Hare read a paper entitled "Emetics: their present neglect in the treatment of disease; is it reasonable? is it right?" The subject of the communication was one of the numerous points referred to in a previous address on "Good remedies out of fashion." Although not a panacea, in certain cases emetics cured in a marvelously short time; and in others, they appeared capable of saving life. The author passed in review the various members of this group of drugs, and their doses. Speaking generally, ipecacuanha was the most useful, in doses of twenty to twenty-five grains of the powder mixed with water, or of six to eight drachms of the wine. Now and then, purgation resulted instead of emesis; but persistent diarrhœa was never set up. The chief value of emetics consisted in their mechanical action upon the viscera; the stomach was not only emptied, but its innumerable follicles were cleared by pressure, the lungs were compressed, and mucus forced out of the air-tubes, and the œsophagus, larynx, and fauces were swept clean. Allusion was made to cases of recurrent vomiting, commonly termed "bilious, sick headaches," although more justly to be called "stomach-aches in the head." The persistent vomitings were endeavours of nature to expel the slimy mucus of the gastric follicles and the morbid ferments which it contained. The desired results were often at once effected by an emetic. Many anomalous ailments, accompanied by loss of appetite, nausea, the non-enjoyment of life, ill-temper, etc., were due to a similar cause, and similarly relieved. The removal of the ropy mucus was promoted by washing out the stomach by means of warm water, which excited additional vomiting. Emetics were sometimes of signal service in severe bronchitis, and in capillary bronchitis; the fear of "exhaustion" being produced by emetics was almost confined to those who never administered one. Attacks of catarrhal croup might be cut short, in children, by half a teaspoonful of antimonial wine; and in membranous croup, expulsion of the tough exudation was sometimes effected. Emet-

ics were useful in the early stages of continued fever, of scarlatina, and of measles, and in some cases of whooping-cough. They were decidedly beneficial in the treatment of delirium tremens, and also in acute mania. By the same means, the paroxysms of ague could be greatly modified, and either arrested or rendered more amenable to quinine. Drugs and diseases bore much the same mutual relation as in former ages; and as emetics were then found useful, so they would be now, if fashion did not prevent their employment.

American Climates for Phthisis.

In the Peruvian Andes and in the Rocky Mountains of the United States, there is, an endless variety of mountain-climates. Near the equator, elevations of 6,000 and 8,000 feet have winter-temperatures similar to our English summer-temperatures, and we must go still higher to find localities suitable to the treatment of phthisis. But at greater distances from the equator, we come, at elevations of about 6,000 or 7,000 feet, to climates somewhat similar to those in the Alps at about 5,000 or 6,000 feet. In the neighborhood of Jauja and Huancayo, at elevations varying from 8,500 to 10.500 feet, several of my patients have recovered from rather advanced affections of phthisis; after I had learned the character of these climates, and had been encouraged in sending patients there by my late friend, Dr. Archibald Smith, of Lima, whose papers on these subjects are well known to you. "At Huancayo, 12° south latitude, and 75° 12′ west longitude, the annual range of temperature in the shade may be taken as ranging from 8° or 9° to 14° Reaumur; while at the cooler town of Jauja, with from 10,000 to 15,000 inhabitants, the range, during one whole year, has been observed not to exceed from 8° to 12° Reaumur, or from 50° to 59° or 60° Fahrenheit; with the sky always clear and sunny, and an atmosphere pure and bracing, which invites to outdoor exercise and enjoyment." From no other localities have I seen such good results as from Jauja; but also from Santa Fe de Bogota (about 10,000 feet), Quito (about 10,000 feet), La Paz (12,000 feet), Cuzco (11,250 feet), I have occasionally received good reports. Arequipa, in Peru, 16° south latitude, has lately been recommended by Dr. Dixon Hunter, with an equable temperature averaging about 65° summer and winter within the house, and outside in the shade during the day. I have no doubt that this climate is infinitely better than many others, especially the hotter regions along the sea-shore, and that consumption can be cured there; but it is somewhat too warm.

The Rocky Mountains, in the United States of America, have only been used as health-resorts in phthisis, so far as I know, during the last fifteen or sixteen years, and they seem to have met, likewise, at first, with much opposition. At all events, about nine and ten years ago, the advise I have given to several American consumptive patients to settle at Denver, Colorado, has been rather severely criticised by New York and Philadelphia physicians, especially in two cases of hæmoptoic tendency, and yet these patients did well when they afterwards carried out the advice. Manitou Springs (6,315 feet) and Colorado Springs (5,775 feet), and Denver (about 5,000 feet) are the best known localities, and have been repeatedly described by Drs. Denison and Solly; but numerous other resorts of the future are mentioned in Dr. Denison's instructive work on *The Rocky Mountain Health-Resorts*.

Dr. Frankland has quite lately mentioned to me in this territory a locality which is likely to become an important health-resort;—Yellowstone National Park, accessible by the Northern Pacific Railway. It is situated on the eastern slopes of the Rocky Mountains, between 44° and 45° N. latitude The park abounds in magnificent geysers and boiling springs on a most gigantic scale, and there are plenty of mineral waters.—Dr. Herman Weber.

Intense Electric Shock, with Recovery.

With the rapid advancement made in electrical science the accepted theories relating thereto must of necessity be more or less modified. In no line of electrical experimentation are more new phenomena developed than in the perfecting of the various systems of electric lighting. Without presuming to add anything valuable to the literature on this subject, the writer desires to place on record several cases of accidents resulting from the careless handling of the wires of the Brush Electric Light Company of this city.

The first is that of an employee of the Brush Company, who, in "cutting a circuit," neglected to observe the usual precautions, and apparently received through his body a direct current sufficient to run fifty arc lamps of 2000 candle-power each. This is a current of 3000 volts, which equals in electro-motive force 2777 Daniell cells, when the sulphuric acid thereof is diluted four times by weight. It is computed that a current of this strength, if condensed in a single arc lamp, would produce a light equal to one-tenth that of the sun. In addition to the direct current, the patient received the shock of the so-called reactionary current, produced by cutting the wire. The force of this

latter current is many hundred times greater than the direct current, and its tension is so great that no insulator is known that will not be destroyed under its influence. Diamonds are melted by it, and glass insulators offer no resistance to its power.

The accident in question occurred on March 12, 1885. The current was established through the body of the patient by his grasping the wire with the left hand, while with the right hand, holding a pair of nippers, he cut the wire carrying the current of electricity, and immediately the current was established through his body, contracting the muscles of the hands and arms, thus holding him to the wire at the top of a thirty foot pole, where he hung until a ladder was procured and then released by a fellow workman, at least three minutes being consumed in effecting this object. Notwithstand ing the length of time the current was passing through his body and the strength of the current itself, he was able to reach the pavement with slight assistance. Aside from the charring of three fingers of the left hand, and a comparatively small but deeply burnt hole in the palm of the right hand, he has suffered little or no disturbance of the functions of the body, if we exclude a slight rise in temperature soon after the accident. He has never taken to his bed nor been confined to the house. His only treatment was that usually employed for simple burns.

A similar case was that of an employee of the Bell Telephone Company, who, on March 17, 1885, in endeavoring to carry a line over the wires of the Brush Electric Light Company, climbed one of the poles of the latter company, which supported wires carrying a current of electricity of the same strength described above. Not knowing the danger of such a procedure, he clasped with his right hand the "tie wire," which attached the positive line to its insulator, and with his left hand the same wire of the negative line. These wires being heavily charged, he received through his body what is popularly known as a "shunt" or derived current, which, as in the former case, held him in that position until an assistant ran the distance of five squares to the electric light station, where the circuit was immediately broken and the patient released. By reason of a rope attached to his body passing over an arm of the pole and held by an assistant, he was prevented from falling. He was taken to the pavement in an unconscious condition. This patient received through his body, *for at least five minutes*, a current of indefinite electro-motive force, which rendered him insensible for a time, but from which he soon rallied.

In this patient the thumb of the left hand was burnt nearly off, requiring amputation at the metacarpo phalangeal joint, and the index and middle fingers of the right hand were similarly burnt and removed.

Up to the time of this writing his pulse has never been higher than eighty-six, nor his respiration higher than twenty-four (reaching this point soon after the amputation), nor his temperature more than 101°.

In neither of these cases were there any perceptible marks showing the course of the current, nor was there any feeling of soreness in the chest or limbs, although in each case there was a certain loss of motion and sensation in the forearms.

Both patients received only the usual treatment for burns, both are on a fair way toward complete recovery, and unless unforseen complications arise, we believe neither will suffer any discomfort, except from the local injuries.

Believing, that as the system of electric lighting becomes more universal, and the accidents attendant thereto become more numerous, many remarkable cases will be developed requiring an explanation, and perhaps modifying our ideas of the fatality of the electric current, the writer is impelled to simply place the above cases on record, leaving the explanation of their peculiarities to other and more competent pens.—DR. A. L. HUMMEL, in the *Medical Bulletin*

Cure for Perineal Fistula.

Obstinate urethral fistula in the perineum, following abscess and stricture, may often be successfully closed from the bottom, without operation, by the frequent introduction of an iodoform and zinc pencil, meanwhile emptying the bladder by means of a catheter, or, when that is impracticable, by directing the patient to pass all his urine while lying on his face. In this way, the fistulous passage is kept free from urine, and has a chance of closing, greatly enhanced by the application referred to. Five grains of iodoform and three grains of oleate of zinc may be conveniently introduced by means of one of Swift's short vectors.

CHAMOIS LEATHER makes an excellent filtering medium. It should be previously washed in a soda solution to remove grease, and well washed in water after each using. Tinctures, elixirs, syrups and mucilages, will run through it in a most satisfactory and expeditious manner.

HYPODERMATIC injections of chloroform affords relief in sciatica, but augments the pain of facial neuralgia.

CLASS-ROOM NOTES.

(FROM THE "COLLEGE AND CLINICAL RECORD.")

—Prof. DaCosta says that only in emphysema has he found the inhalation of compressed air of any avail.

—For mucous patches Prof. Gross uses—

℞ Hydrargyri nitratris..... ʒ j
Aquæ..... fʒ j ss
M.—Sig. Apply with brush, once daily.

—In hæmoptysis, when the usual remedies, as ergot, gallic acid, etc., have failed, Prof. DaCosta advises the use of the tincture of matico, in doses of from half a drachm to one drachm, every two or three hours.

—In a case of tapeworm at the clinic, Prof. Bartholow prescribed chloroform in half-drachm doses, to be followed by a dose of castor-oil. For one day previous the patient had taken milk only, as nourishment.

—For alopecia, Prof. Bartholow recommends the topical application of—

℞ Ext. pilocarpi fluid..... fʒ j
Tr. cantharidis..... fʒ ss
Lin. saponis..... fʒ ij ss
M.—Sig. Rub into scalp thoroughly, daily.

—In a case of excessive irritability of the heart, in which the pulsations numbered 180 per minute, Prof. DaCosta prescribed—

℞ Digitalis..... gr. j
Ext. belladonnæ..... gr. 1-16
M.—Sig. In pill form, ter die.

—For the irritative fever of pulmonary consumption, Prof. DaCosta advises the use of—

℞ Quiniæ sulphat..... gr. j ss
Ext. digitalis..... gr. ss
Pulv. opii..... gr. ¼
M. et ft. pil.—Sig. Ter die.

—In inflammatory diseases, when patients cannot sleep but require it, and unless there exists some contra-indication, Prof. Gross prescribes—

℞ Potassii bromidi..... ʒ ss
Chloral..... grs. xv
Morphinæ sulphat..... gr. ⅙
Syr. aurant .....
Aquæ.....āā... ʒ j
M.—Sig. Pro re nata.

—In the case of a man æt. 64, at the clinic, suffering from chronic bronchial catarrh, also beginning atheromatous degeneration of the arteries, Prof. DaCosta prescribed—

℞ Ext. pruni virginianæ fluid.....
Tr. gentianæ comp.....āā... fʒ ss
Acidi carbolici..... gtt. j
M. –Sig. Ter die.

—Prof. DaCosta says that in the treatment of the night-sweats of phthisis, ergot is preferable to atropine, being more permanent in its effects, and has the additional merit of not producing the dryness of the throat which so frequently follows the administration of atropine. He would give two grains of ergotin three times a day, the last dose given at bedtime.

—Prof. Bartholow treated a case of cervico-brachial neuralgia by the subcutaneous injection of one-sixth of a grain of cocaine hydrochlorate in the neighborhood of the affected nerve. The injection of morphine and atropine in combination might also be used. In the chronic variety he would greatly prefer ether or chloroform used in the same manner.

—To render blood more coagulable—when we have effusions of the same into cavities and so cannot ligate the bleeding orifices—Prof. Gross advises—

℞ Acid. gallici..... grs. ij
Digitalis foliorum.....
Ergotin.....āā... gr. j
Opii ..... gr. ss
M.—Sig. Ter die.

—When the stomach is irritable, so that medicines cannot be retained, and if it should be necessary to purge the patient, Prof. Gross recommends the following injection, should there also be much tympany: Oil of turpentine, half an ounce, rubbed up with the yelk of an egg; then add one and a half ounce of castor-oil and a pint of warm water. To be used as an injection.

—In a case of chronic malarial intoxication, with enlarged liver and spleen, Prof. Bartholow advised the topical application of—

℞ Unguent. hydrargyri rubri..... q. s.

A piece, the size of a pea, to be rubbed into the skin thoroughly, preferably in the rays of the sun.

Internal treatment consisted of the following prescription:

℞ Cinchonidinæ salicylat..... grs. v
Ferri arseniat..... gr. ⅛
Ext. ergotæ.....
Ammonii iodidi.....āā... grs. ij
M.—Sig. To be given in a wafer, three times daily.

—A remarkable case of constipation, consequent upon saturnine intoxication, was shown the class by Prof. DaCosta, in which the physician in charge had prescribed, without any relief, castor-oil, magnesia and five doses of podophyllin of one-quarter of a grain each. Following a plan suggested by Trousseau, he was placed upon—

℞ Magnes. sulph..... ℈ j
Acid. sulph. dil..... gtt. ij–iij
M.—Sig. To be frequently repeated.

Only a few doses were given, and the patient was relieved of most copious and profuse discharges.

—In the early treatment of gonorrhœa, Prof. Gross condemns the use of injections. His plan is as follows: If possible, put the patient to bed; give him at the outset a purge, by administering Epsom and Rochelle salts, of each two drachms, in lemon syrup. Allow no meat or any stimulating article of diet, etc. Malt liquors do more harm than alcoholic, so interdict both. No tea or coffee, but give him milk, eggs and some oysters, etc. Three times daily he is to hold the penis in a a cup of hot water—quite hot. Keep the organ there for five minutes at a time, then wipe it gently each time.

The internal treatment will be by the "antimonial and saline mixture":—

℞	Antimonii et potassi tartrat.....	gr. 1-10
	Magnesii sulphatis.....	℈ ij
	Morphinæ sulphatis.....	gr. 1-16
	Tr. aconiti radicis.....	gtt. j
	Liq. potassii citrat.....	f℥ ss
	Olei limonis.....	gtt. ss
	Elixir simplicis.....	f℥ ss

M.—Sig. Ter die.

By this treatment the urine will be rendered bland and unirritating. Should the urine persist in "scalding," then add to the above prescription ten drops tincture cannabis Indicæ. To prevent or cure chordee, order at night a suppository of—

℞	Ext. opii.....	
	Camphoræ.....āā...	grs. iij

In the course of four or five days the discharge from the urethra will look more like laudable pus; then order an injection of—

℞	Hydrargyri chloridi corrosivi.....	grs. ij
	Aq. destil.....	O j

Sig. With a syringe that holds an ounce, inject into the urethra—having first "flushed" the canal several times by voiding urine—and retain the fluid for five minutes.

Internally, a useful combination is that used at the out-door department at the hospital, and consisting of—

℞	Cupebæ.....	℥ ij
	Alum. pulv.....	℥ j

M —Sig. Of this take a heaping teaspoonful in a tumbler of water, three times a day; the dose to be increased.

Should the discharge per urethra still persist, use an injection of—

℞	Liq. plumbi subacetatis.....	f℥ j
	Aquæ.....	f℥ x

M.

Or—

℞	Plumbi acetatis.....	grs. ij
	Zinci sulphat.....	grs. iij
	Aquæ.....	f℥ j

M.

Or—

℞	Acidi tannici.....	grs. ij
	Aquæ.....	f℥ j

M.

—As an application to bed-sores, Prof. Bartholow recommends:—Alum, half an ounce; whites of four eggs, and two ounces of tincture of camphor.

—A four-per cent. solution of cocaine hydrochlorate has proved of great utility in the hands of Prof. DaCosta, in the treatment of the sore throat of tuberculosis.

Treatment of Leucorrhœa.

A common source of leucorrhœa is a weeping from the glands about the mouth of the uterus; and this condition we have found specially amenable to treatment by the use of Anderson's vaginal capsules, carrying absorbent cotton soaked in the following solution:

℞	Sodæ bicarb.....	℥ j
	Tinct. belladonnæ.....	℥ ij
	Aq. calcis.....	O j

These capsules are composed of gelatine, and after this has dissolved, the impregnated cotton is left in contact with the os, and certainly has acted with perfect success in our hands, under otherwise adverse circumstances, the discharge having been old and persistent, resisting other methods of treatment.

In the principal metropolitan cities the rates of mortality per week per 1000 of the population, according to the latest official returns, are: Calcutta 35, Bombay 28, Madras 49, Paris 27, Geneva 25, Brussels 25, Amsterdam 29, Rotterdam 31, The Hague 28, Copenhagen 30, Stockholm 35, Christiania 26, St. Petersburg 32, Berlin 22, Hamburg 29, Dresden 24, Breslau 32, Munich 25, Vienna 28, Prague 26, Buda-Pesth 20, Trieste 45, Rome 26, Turin 30, Venice 41, Madrid 47, Lisbon 38, Alexandria 35, New York 25, Brooklyn 24, Philadelphia 25, Baltimore 23. Dublin 35, Edinburgh 21, Glasgow 33, London 24, Liverpool 27.

Large numbers of dried and smoked lizards are imported by the Chinese physicians. They are used in cases of consumption and anæmia with considerable success. Their virtue seems to lie in a large amount of nitrogen and phosphate they contain.

Butter, fresh aud pure, turns almost white on contact with sulphuric acid; butterine, from lard and other fats, changes to crimson and different colors.—*Caterer.*

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The ed tors are not responsible for views expressed by contributors.

Generally it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way: and we want downright facts at present more than any thing else.—Ruskin.

Treatment of Acute Rheumatism with Oil of Gaultheria.

Editor MEDICAL WORLD:

The following is a short account of four typical cases of acute inflammatory rheumatism, showing the value of the oil of gaultheria:

Case 1.—Angeline C., age, 12 years, well grown to age; robust and generally healthy; sanguine temperament; parents, healthy farmers. Attacked November 26. Decided rigor a little before daybreak, followed by considerable fever and much pain. Saw patient about 2 P.M., November 27, 1884; found ankle and knee of one lower limb very much swollen, red, and exceedingly tender and painful, as was also the wrist of the upper extremity of the opposite side.

Did not record temperature, pulse, nor respiration. Prescribed:

℞ Ol. gaultheriæ..... ʒ iij
Glycerini..... ʒ ij
Aquæ .....q. s.....ad... ʒ iv

M.—Sig. Take one teaspoonful every two hours; first having shaken the bottle thoroughly.

Did not see patient again, as her father reported to me that she was free from pain in twelve hours after commencing treatment, and was able to be up the next evening. It may be well to remark here that patient had had an attack in December, 1882, about as severe, that lasted several weeks under other treatment.

Case 2.—A. B. J., age, 25 years; nervo-bilious temperament; pale and angular; scrofulous diathesis; parents well-to do farmers, apparently healthy; had suffered several severe attacks of acute rheumatism since he was fifteen years old, on account of which, together with other ill-health, he was compelled to leave college.

Attacked December 13, 1884. First saw him in consultation December 16, 10 A.M. Did not make strict examination, as diagnosis had been already very correctly made out by an old and very competent practitioner, who, as a matter of course, was present.

Prescribed:

℞ Ol. gaultheriæ..... ʒ iv
Fluid ext. gelsemini ..... ʒ ij
Fluid ext. aconiti ..... ʒ j
Glycerini ....
Aquæ.....āā.....ad... ʒ iv

M.—Sig. A teaspoonful every two hours.

All pain was relieved by 10 P.M., same day, and fever was well nigh gone the next morning. Patient slept soundly all through the night, and expressed himself as feeling quite well on morning of the 17th. Patient well pleased, parents well pleased, and attending physician well pleased.

Will remark that from exposure, the patient had a relapse, or rather another attack, about Christmas, which was as promptly relieved as before.

Case 3.—Mrs. C., recently married, and about 22 years of age, took considerable cold from exposure occasioned by the burning of her husband's store-building on the night of the 24th of March, 1885. Was attacked next day with a severe rigor which lasted several hours, followed by quite high fever. Rheumatism developed March 26th, in the right wrist, elbow and shoulder, and left hip, knee and ankle, and right ankle. High fever, and pain unbearable.

Saw patient April 6th. Diagnosis already made. Upon examination, I found tongue covered with a dirty, brownish-yellow coat, with clean border. Considerable nausea. Bowels painful; respiration apparently normal. Temperature, $102\frac{8}{10}$; pulse, 128. Catamenia present.

Prescribed quinia, five grains, in capsule, every three hours, until six doses shall have been taken.

℞ Pil. hydrarg..... grs. viij
Hydrarg. sub. mur..... grs. vj

M.—Ft. pil. no. ij. One to be taken at five P. M., the other at nine P. M.

In the meantime, the following was given every two hours, as in previous cases, viz:

℞ Ol. gaultheriæ..... ʒ iv
Fl. ext. aconiti, rad..... ʒ j ss
Glycerini..... ..... ʒ ij
Aquæ.....q. s.....ad... ʒ iv

M.—Sig. Teaspoonful every two hours.

Saw patient again at 5 P. M., 7th inst. Found pain all gone from upper joints and continuing only in left knee and ankle. Had taken medicines as directed. Bowels had not moved, but were not painful. No nausea, except when she took the emulsion, which she said was just horrible to take. Temperature, $100\frac{4}{5}$; pulse, 108. Respiration apparently normal; tongue cleaning off. Repeated pill of hydrarg., continued oil of gaultheria.

Upon examination, April 8, 5 P. M., found swelling and pain relieved entirely except in

left ankle, which was still red and tender upon pressure. Temperature, 99; pulse 78.

Prescribed, in addition to the emulsion of gaultheria, six grains of quinia, night and morning, and the following liniment, to be painted frequently over the diseased ankle:

℞ Tinct. iodi ....
Tinct. aconiti.....āā... ℥ v
Tinct. cantharidis..... ℥ vj
Mix.

Visited patient again on 10th inst., and found ankle well, and patient anxious to sit up. Dismissed the case. This patient had never had a previous attack; had always enjoyed good health, as had also her parents.

I will state here, that I have found the oil very serviceable in other diseases. Two cases of intercostal myolemmitis yielded very readily to its influence in two or three days, after quite a number of other medicines had failed.

To Dr. H. H. Seelye, belongs the honor of having first brought prominently before the medical world (*N. Y. Journal*, November 3 and 10) this very valuable drug, notwithstanding the fact that it was for some time before known to be almost a pure methylic salicylate. It is doubtless due to this property that its therapeutic action is so prompt. It is however, not free from objection, as it produces great cerebral disturbance in some cases. In the third case above, the patient could scarcely hear at all, so great was the tinnitus aurium, after having taken medicine three days.

I will append to this another case.

Miss H. D., age 31. Patient and parents are pious Presbyterians and almost total abstainers, as were also her grandparents. Was attacked early in February, 1885, with severe cough; swelling in both lower extremities, with pain; considerable fever, with very rapid pulse rate, reaching sometimes 150 per minute. Respiration, from 50 to 60 per minute. Tongue narrow, dry and red, covered with quite a number of red pappilæ; urine scant; skin dry; considerable dyspnœa, and orthopnœa well marked; mind clear. Prescribed among other things, oil of gaultheria. Was called hurriedly the next evening to see patient, as she had "gone entirely crazy." I hurried to the bedside, where I found the patient very delirous, talking and gesticulating wildly, resembling as closely as I ever saw, a case of pure mania a potu. Discontinued the oil and gave an emetic of ipecac. When she had vomited freely she became perfectly quiet and slept quietly all night, lying down, which she had not done for many nights before. The swelling and pain had all left ankles and legs; cough had nearly subsided, and breathing was nearly normal for several days.

The peculiar delirium in this case was undoubtedly due to the oil, but in a patient who was altogether unaccustomed to drinking spirituous liquors.

A. C. DAVIDSON.

SHARON, Georgia.

Nitro-Glycerine in Angina Pectoris.

Editor MEDICAL WORLD:

On page 109 of THE MEDICAL WORLD, Dr. Chas. Bruil asks if anyone has had experience in treating angina pectoris with nitro-glycerine. Yes, I have treated since 1880 seven cases successfully; not with nitro-glycerine alone, however.

The following is my treatment as a rule during the paroxysm:

℞ Glycerini..... ℥ ij
Chloroformi..... gtt. xl
Morphiæ sulph..... grs. ij

M.—Sig. A teaspoonful every five minutes until three or four teaspoonfuls have been given; after which give as often as good judgment may dictate.

At the same time pour chloroform on a piece of cotton fabric, folded several times, and place it over the heart.

After the first attack has subsided, commence giving the nitro glycerine. You will find the drug made into pills of $\frac{1}{50}$, $\frac{1}{75}$, $\frac{1}{80}$ and $\frac{1}{100}$ of a grain each.

I use generally the pill containing the $\frac{1}{50}$ of a grain, and give one pill three times a day, morning, noon and night. Thus far I have lost no patients with this course of treatment, and have just got through with a very severe case. I have never seen a worse case.

In 1879, before nitro-glycerine had ever, to my knowledge, been used for this purpose, I lost a patient with this terrific disease.

F. A. JOHNSTON, M.D.

PORTLAND, Oregon, 155 S. First St.

Nitro-Glycerine.

Editor MEDICAL WORLD:

In March number, Dr. C. Bruil asks if any reader has had experience with nitro-glycerine in angina pectoris, or other disease. I have used nitro-glycerine in various forms and a variety of cases for about three years. I have used it in angina pectoris five or six times, but usually alternate with gelsemium or aconite. Used it in two cases of fainting with heart trouble, and small, cordy pulse; one case of hysterical epilepsy, produced by sudden cessation of catamenia, and three cases of puerperal eclampia. In all cases where I find a small, compressed, cordy pulse, indicating arterial

contraction, or restricted arterial action, I use nitro glycerine, and I have not once been disappointed in my expectations. I use a one per cent. solution, made by adding a ten per cent. solution to glycerine, one part of the former to nine parts of the latter. Dose—one drop every ten or fifteen minutes. W. B. STEERE.
PIERRE, Dakota Ter.

Poisoning by Cannabis Indica.

Editor MEDICAL WORLD:

In reply to C. P. M's inquiry regarding toxic effects of fluid extract of cannabis Indica, but one case, that of a young lady of nervous temperament, has come under my observation, the result of wrecklessness on the part of a fellow practitioner.

In fifteen minutes after a dose of two fluid-drachms, a staggering gait with dizziness resulted on attempting to walk home, and she was unable to proceed further than two blocks. An extreme vertigo set in, followed by a mild hysterical delirium, approximating convulsions, and lasting nearly an hour.

The patient would clasp her hands ove r her heart, declaring it would burst; the distress being similar to that accompanying angina pectoris. A very irregular pulse followed the attack for three weeks, and at the present time, two years later, she will suddenly awaken in the night with a "fluttering" heart—attributable, I think, to the effects of the poison. This heart trouble is contrary to most authorities, but is true nevertheless.

The treatment was by anodynes and antispasmodics. W. M. BECK, M.D.
DELPHI, Ind.

"Kennedy's Medical Discovery."

Editor MEDICAL WORLD:

Dr. J. H. Jones, in the February WORLD, asks for the formula of "Kennedy's Medical Discovery."

The formula and mode of preparation he can find on page 1212 of "King's American Dispensatory," given as follows:

Take of—

Sneezewort	oz.	1
Bitter root	dr.	4
Mix, and add—		
Boiling water	fl. oz.	8
Proof spirits	fl. oz.	10
Licorice root	dr.	4
Macerate for 48 hours; then add—		
White sugar	oz.	4
Tinct. gaultheria	oz.	1

E. A. BASS, M.D.
BURNETT, Wis.

Wound of the Œsophagus.

Editor MEDICAL WORLD:

A wild bullock was being driven into a slaughter-pen by several men, when he charged upon the crowd. One of his horns penetrated the left side of the neck of one of the men, below the larynx, entering the œsophagus, and making a wound of about one inch in diameter. There was but little hemorrhage, and, under the excitement, but little attention was given to the wound. After securing the bullock the crowd adjourned to a neighboring tavern to take a drink. The wounded man, on attempting to swallow his grog, was astonished to find that it escaped at the wound in the side of his neck, which induced him to apply for advice. The orifice was drawn together by adhesive strips and supported by a compress and bandage. He was directed to take a liquid diet for a time, until it healed, which soon occured. He has never experienced any difficulty from the injury. W. D. HARTMAN, M. D.
WEST CHESTER, Pa.

Gonorrhœal Rheumatism, Epididymitis and Parotiditis.

Editor MEDICAL WORLD:

The following case, which I shall endeavor to report as briefly as possible, is, I think, of considerable interest on account of its rarity.

W. F. S., aged 20, laborer, was first seen on the 25th of February, on account of epididymitis. He had never suffered from rheumatism in any form. He had always enjoyed good health. His parents were both healthy.

About the 25th of last December he contracted gonorrhœa for the first time in his life; for this he was treated by an old herb doctor, without any benefit.

When first seen by me he was suffering from epididymitis on the right side, rheumatism in the right shoulder and elbow joints, and also much pain in the lumbar region. His temperature was 102.5° Fah. I prescribed a mild laxative, rest, and a bandage, and tobacco poultice as recommended by Dr. E. L. Keyes, of New York.

Under this simple treatment the epididymitis rapidly disappeared, and the discharge, which had ceased, began to reappear.

The rheumatism was readily controlled by the following:

℞ Acidi salicylici	ʒ	v
Potass. acetatis	ʒ	x
Syr. limonis	ʒ	iv

M.—Sig. Teaspoonful three times a day.

For the gonorrhœa I prescribed the following injection:

℞ Fl. ext. hydrastis..... ʒ j
Acidi carbolici..... gtt. vij
Aquæ..... ʒ iij
M.—Sig. Inject a teaspoonful three times a day.

I was called to see the patient again on the 12th of March. I found him this time suffering from parotiditis on the right side. Temperature 103° Fah., pulse 115, and tongue covered with white fur. In reply to whether he had ever had the mumps, he said he had them three years before. There were no mumps prevailing anywhere in the county at that time, and have not since. He also informed me that his discharge had not yielded to the injections, but ceased when his throat began to swell. I gave him a purgative to move his bowels, and applied warm fomentations to the inflamed gland. Also left five-grain doses of quinia to be taken every three hours, and small doses of morphia to be taken as was necessary to relieve pain and restlessness.

On the 14th, the gland had diminished some; temperature 102° Fah.; pulse 108; tongue cleaning off and appetite returning.

On the 17th, the gland was nearly reduced to its natural size, pulse and temperature normal, and patient able to be up and about. Discontinued quinia and morphia, and prescribed the following:

℞ Bals. copaibæ..... ʒ iv
Syr. tolu.....
Syr. acaciæ.....
Aq. ment. pip.....āā... ʒ vj ss
M.—Shake. Sig. Teaspoonful three times a day.

Patient was attacked again on the 21st with epididymitis on left side, followed five days afterward by parotiditis on same side, and a complete cessation of the urethral discharge, which had been copious up to the attack of epididymitis.

After the inflammation subsided in the parotid gland, the gonorrhœa again returned, but gradually ceased under a mild injection, and the young man is at present enjoying good health.

The parotiditis, in such cases as this, I consider extremely rare. Indeed, so rare that I can find no mention made of any similar case in any work that I have. The abeyance of the discharge during the acute attack, and its reappearance in full force upon recovery, appear to me to point to some intimate relation between the two phenomena.

If any of the readers of THE WORLD have had a similar case I would like to hear from them.

R. K. MEDARIS, M.D.

CLINTON, Tenn.

Reply and Inquiries.

Editor MEDICAL WORLD:

In answer to your inquiry, in regard to the case reported by me in the March number of THE WORLD, I will say that owing to the irritable and peevish disposition of the patient, I did not take his temperature.

I was advised by a medical friend, who saw him in consultation, to treat the case symptomatically, which I did.

Will some of the contributors of THE WORLD give their experience with antipyrin?

I would be gratified, also, to see something in regard to the internal use of the sulpho-carbolate of sodium. I have seen it highly recommended in the zymotic class of diseases, but have had no personal experience with it.

F. E. WILLIAMS, M.D.

NEWSOM'S, Va.

Critical Replies.

Editor MEDICAL WORLD:

I was very much interested, as well as amused, when I read Dr. Epen's article on "Ergot for Pneumonia," in the March number. It is a glorious thing for "suffering humanity" that now and then some member of our profession is not satisfied with "idle talk," but is courageous enough to give us the "solemn, earnest facts." The Doctor's appeal to his brethren to dispense with "calomel, aconite, veratrum viride, opium, carb. ammonia, and *everything else*," I think would have been strengthened if he had added ergot and said, trust to the *vis medicatrix naturæ*. Now, I have had no experience with ergot in pneumonia, but from the history he gives of his case, I cannot see how he can claim so much for it in that instance. "Child aged four years took sick on Tuesday; first visited on Thursday evening; lung nearly solid; fifteen drops fluid-extract of ergot, every hour." Friday morning: "lung completely solidified; not a bit of air entered the air cells." Finds fault with the preparation used and gets Squibb's ergot. "That night a perceptible change." Saturday morning: "Upper part was nealy clear," and "by Sunday evening no signs of pneumonia."

Now, from his own statement, the child really had no medicine until Friday morning, as the first given was inert, or at least was so considered by him; and the lung in a complete state of hepitization and evidently undergoing resolution. How can he, from any plan of reasoning, claim that ergot cured the child? Certainly his clinical history of the case will not justify such a conclusion. It does not seem possible that a few doses of ergot, or any other drug,

with the lung in the condition claimed, could cause the change attributed to it in that time. I can conceive how it might be beneficial in the first stage of the disease, but I must confess that I am unable to see how the Doctor can substantiate his theory in this particular case. I hope that Dr. Epen will continue his investigations with ergot and give us the results, but when he presumes to give such sweeping, positive advice to his medical brethren in the treatment of pneumonia, or any other disease, let him remember that there are many who will be slow to adopt it without closely scrutinizing the case in which such treatment was used.

I would like Dr. Hainline to explain how his prescription to dissolve biliary calculi already formed "acts as a healing lotion to the irritated and inflamed membrane of the gall duct." Has it any special affinity for inflamed gall ducts? How a half or a tea poonful of a preparation taken by the mouth can act as a healing lotion to the membrane of the gall ducts, I cannot comprehend.

I would suggest to Dr. Mosena that he examine carefully his case for some degree of dislocation, and not risk too much to time. Time may prove all things, but it does not make all things right. When he discovers the true nature of injury it may be too late.

Mr. Editor: I hope this, my first contribution to THE WORLD, will be received kindly by the brothers referred too. I may have an awkward way of getting at facts, but I admire and appreciate fixed, honest truths which will bear investigation, and be in strict accord with established physiological and pathological principles. I admire THE MEDICAL WORLD. I like this feature: that while its columns are open to all, the country physicians seem to have taken it as their own. We can here give our experience, ask questions and criticise, "no one daring to molest us or make us afraid."

D. L. McDONALD, M.D.

CONCORD, Pa.

A Peculiar Case of Placenta Previa.

Editor MEDICAL WORLD:

I was called at nine o'clock A.M., March 29th, 1885, to see Mrs. M., in labor with her fifth child.

On arrival I was told that early in the morning, on finding herself in pain, and believing that she was in labor, she rose intending to arrange her bed somewhat before the family were astir; but on becoming erect she felt something gush from her, and on examination she found it was coagulated blood. This alarmed her very much, and, as soon as convenient, I was sent for. On my arrival I found her in slight pain, very little contraction, but the hemorrhage was fearful, saturating everything under her when lying, and half filling the chamber with coagulated blood when up. I administered a full dose of fluid-extract of ergot to check the hemorrhage; but several doses, at intervals of twenty minutes, had no effect in arresting the flow, nor did it seem to increase contraction or pain. The drain being so severe, I resorted to tampons, at the same time gave acetate of lead, combined with opium, repeating it every hour for three hours; but seeing no effect, it was discontinued, although she nearly half filled the chamber each time she got up, and her desires for the vessel were frequent.

I should have stated that as yet I had been unable to find the os, and, in consequence, no presentation had been determined. At one o'clock P.M. I made a digital examination, and this time succeeded in finding the os, which was dilated to the size of a silver dollar, and directly in it, presenting, was the placenta. I now considered I had an "elephant on my hands," and I sent for my friend, Dr. U. On his arrival he made an examination and failed to find any other than the placenta presenting. On consultation we decided to expedite labor, and for this purpose I swept my finger around in the neck of the uterus, and gave full doses of fluid-extract of ergot, combined with morphia sulphate, every half hour. At three o'clock P.M., the Doctor having left, and while she was on the chamber, she had a severe fit of coughing (had been subject to a cough all winter), and passed a large amount of coagulated blood. After she had rested awhile I again examined her, and the placenta! Where was it? for now the occiput was straight in the dilated os. Although there was no abatement of the hemorrhage, the labor proceeded naturally, and, at half-past five o'clock P.M., a still-born babe was brought forth, and with an immediate cessation of all flooding, excepting the natural flow. The mother was apparently doing well, and with my usual injunctions, cautions and directions to nurses, I took my departure.

I visited her again on the following day and found her doing well, and again on the second day I saw her. No complaint, womb had contracted all right, no unusual soreness, and she said she felt well. After giving directions relative to the secretions, I told them to call me if she did not get along well.

The third day, at night, she seemed feverish, had some headache, and, in my absence, they called in Dr. U., who continued to treat her to the morning of the fifth day, when I was again called; on examination I found her very feverish, with headache, furred tongue; tem-

perature 104, pulse 98; bowels distended and very tender on pressure, and torpid. Consulted with Dr. U. Decided to put her on tincture of gelseminum and jaborandi for fever, castor oil and turpentine as a cathartic and to relieve tenderness, and corrosive sublimate, one part to two thousand in solution, as an antiseptic wash. Saw her again that night. No better. Put her on bromide of potassium every four hours for the headache, alternated with quinine and Dover's powder; continued sudorifics; staid all night. Sixth day, no improvement, only easier; saw her twice, and at night decided to send for Dr. A. in neighboring village. Did so by telegram. Trains suspended and could not come until next morning at nine o'clock. Staid with her again all night. I had added pepsin to the quinine and Dover's powder on account of some emesis and gastric irritation. She was very restless until three o'clock A.M., when she fell into a sound sleep, and could lay on either side (only on back before); pulse 80, temperature 98°. No tenderness on pressure over the abdomen. Apparently better, (?) and I told the watchers so; but I didn't believe a word of it! To my mind the pain had departed too suddenly. I went home to get a little sleep, returning at eight o'clock A. M. On entering I was greeted with exclamations of delight. She was ever so much better? The telegram to Dr. A. had been countermanded. I examined her, found her about as I had left her four hours before. Was still in doubt, and let them make all the exclamatory sentences. Was called to the country in the afternoon, and was away three hours. On my return I was informed that she was worse, and, as they could not get me, they had called Dr. U. I hastened over to her, and on inquiry, Dr. U. stated he had found her in a puerperal spasm, and had given her a dose of fluid-extract of valerian to quiet her; and as she was resting, we went out for a talk. Meanwhile a second telegram had been sent to Dr. A., and we decided to await his arrival, unless there was a return of the spasms.

Dr. A. arrived at ten o'clock that night; Dr. U., being advanced in years, declined to stay for the consultation. After the Doctor had made a careful examination of the case, he fully concurred in what we had done, and we decided to continue the treatment, only adding hyd. chlor. mite. to the quinine and Dover's to clean the tongue. Dr. A. was hopeful. I was despairing. The calomel was added. She remaining quiet all of the seventh day and night; no change whatever, until twelve M. the eighth day, at which time her bowels began to discharge involuntarily, and from that time on septicæmia was apparent.

During the night of the eighth day, it was almost impossible to allay the spasms, which I only succeeded in doing by large doses of valerian, combined with morphia. She died in coma, on the morning of the ninth of April, eleven days after confinement.

I would be glad if the Editors would comment upon this case, and if I have made it plain enough, tell me what was the cause of the intra uterine hemorrhage? How the placenta previa was aborted? What was the cause of the child's death, considering the labor was natural and not unduly long nor hard? And, was the treatment rational, considering the conditions as given? This request does not preclude any of the brethren from giving their views on the matter through these columns, or direct to me by mail.

DR. CHAS. BRUIL.

AVOCA, Wis., April 15, 1885.

[Was the placenta delivered entire? The symptoms suggest the possibility that a part may have remained in the uterus, becoming a source of irritation and septic poison. When septic phenomena developed, intra-uterine injections of tepid water or a weak antiseptic solution should have been made. This is of first importance in puerperal septic conditions. An enema is preferable to a cathartic by mouth. A little opium or morphia, by mouth, would have probably answered every indication for internal medication. Many would prefer morphia hypodermically. Local applications to the abdomen are serviceable in such cases.

However, the removal of septic material from the cavity of the uterus is the leading indication, and when this is effectually done, high temperature will not develop, and if already existing, it will rapidly decline. The intra-uterine irrigations should be performed by the attending physician. If left to nurses, the probabilities are that they will not be thoroughly done. So much depends upon this that it must receive the utmost attention.

The sudden disappearance of the placental presentation, and the appearance of the vertex in its stead, was probably due to the following conditions: the edge of the placenta overlapping the os would occlude it entirely before dilatation; but as dilatation would progress, the limits of the overlapping would be passed and the head would suddenly appear. A central presentation of the placenta would have been much more serious.—ED.]

Subscribe for THE MEDICAL WORLD, immediately, and get the valuable chart "The Urine in Disease," until June 1st.

Potassium Bromide a Reliable Anti-Galactagogue.

Editor MEDICAL WORLD:

In answer to Dr. Morse's inquiry in your April number, and in confirmation of your reply, allow me to mention my experience with potassium bromide, as almost a specific in mastitis. A few years ago I wrote several short articles to various medical journals (in which I had seen the subject of mastitis broached) calling attention to the great and uniform success with which I had used this drug, not only in mastitis, but in orchitis. I do not now remember how I first learned its value, but for more than fifteen years I have been using it in these diseases, and during that time, have had but two cases of abscess of the breast, and not a single one of suppuration, induration or atrophy of the testicle. The two cases of abscess occurred, almost simultaneously, about a year ago, and were both due to fissured nipples, which had made considerable headway before I saw them, and were most intractable to treatment. But under the use of potassium bromide, the abscesses were very small and superficial, and healed up at once after incision, although the nipples continued to give trouble for a long time. I see that many writers are now claiming that all caked breasts are due to fissure of the nipple, but I have frequently been unable to find any fissure, even with a magnifier, and have, moreover, often been able to trace the outset of pain and hardness directly to an exposure to cold. Five grains of potassium bromide, every two or three hours, will check all such cases promptly, the time varying with the promptness with which it is commenced, and at *any stage* of the disease it soon begins to have a controlling effect.

It is the most efficient anti-galactagogue we have, and will never disappoint one, if used judiciously. Belladonna and phytolacca frequently do, though poke leaves are a more pleasant and more efficient external application than belladonna ointment. Potassium bromide should be used with proper caution, as it may dry up the breasts entirely. Independent of its milk-suppressing power, I think it must have some specific action on the glandular tissue, as it acts equally well and promptly in orchitis, whether idiopathic or metastatic; that is, whether an independent inflammation, or derived from gonorrhœa or mumps. I have never had an opportunity to use it for the parotid gland, but I have little doubt but that it would act as well on it as on the mammæ and testes.

I. GRAMMER, M.D.

HALIFAX C. H., Va.

Treatment of Malarial Hæmaturia.

Editor MEDICAL WORLD:

In your March number I see an article from Dr. W. A. Fisher, describing a case and asking the experience of some physician who has had such cases. I will say first to Dr. F., that he had a case of true malarial hæmaturia, a disease very common here in the swamps of Louisiana, and commonly called "swamp fever." It is a disease dreaded by everyone, physician as well as patient, even as much as yellow fever. I have had quite a number of cases—some twenty odd—and have had the very good fortune not to lose one. My treatment is to give mercury in medium doses repeated to restore the action of the liver, and to support the action of the kidneys with stimulating diuretics, and giving anodynes and bromides to quiet nervousness; also iron and mineral acids to restore and build up the system after the stoppage of the so-called hemorrhage. I never give quinine in any dose now, having seen bad effects from the use of it in my first cases, and those here who are most successful with these cases, give no quinine. I never blister, as there will be hemorrhage every time; besides, a blister has a bad effect on the entire system. I never give ergot, as, in the first place, it will cause vomiting to which the patient is already inclined, and, besides, I think it has a tendency to stop the action of the kidneys—and you might as well cut the patient's throat as to stop the kidneys from acting. Keep the kidneys and skin acting until the action of the liver is restored, is the plan. In fact, the sooner the profession discard the idea of hemorrhage and treat for a disease of the entire system, the sooner they will conquer this dread disease.

I know that some of those who believe quinine a specific for malaria in every form will say I should be condemned for not using it; but let them fire away. Success is what we judge by, and I am willing to compare cases with any of them. But my article is getting too long. I haven't written half I could, and would not have written this, but I find so many good things in THE WORLD that I felt it would be mean not to help another who was asking for it. I wish some of the M. D.'s would give their experience with dropsy of malarial origin.

J. D. USHER, M.D.

BULLITT'S BAYOU, La.

Quinine as a Parturient.

Editor MEDICAL WORLD:

Mrs. G., aged 32, had been married about two years. Had been in feeble health all her life, and was descended from a family in which

erysipelas was hereditary through several generations. I had dreaded the case on account of the family antecedents. I arrived at her bedside about one o'clock at night. She had been in labor three hours. This was her first labor. Upon examination I found the os only sufficiently dilated to admit the end of the index finger, and feeling like a ring of cartilage, hard and unyielding. I hastily prepared an ointment of equal parts of solid extract of belladonna and lard and applied it well to the cervix uteri. The lingering pains continued. In two hours the os had dilated sufficiently, and was soft to the touch. The head of the fœtus was easily felt through the membranes, and a natural presentation was diagnosed. The pains were becoming very feeble and short. I gave her five grains of quinine. Pains increased. Sack spontaneously ruptured and water escaped. In one hour pains almost ceased. Gave five grains of quinine. Pains increased in ten minutes. The fœtal head now rested against the perineum, but an hour having passed the pains had become so feeble as to be almost imperceptible. Gave ten grains of quinine. In less than an hour I had a living child in my hands, and in twenty minutes more, by Crede's method, the placenta was cleared. As the womb did not contract satisfactorily, although there were no signs of post-partum hemorrhage, I gave fluid-extract of ergot, fifteen minims every half hour. In two hours there were satisfactory evidences of contraction. The mother and child did well.

POINTS WORTHY OF NOTICE:

1. That the failing contractions invariably revived soon after each dose of quinine.

2. That quinine does not, like ergot, produce uterine contractions of either a tonic or chlonic character.

3. That quinine springs the energies of the nervous system, thereby enabling nature to do her own work.

Is this the correct theory? From repeated trials this is the conclusion I have reached, and acting upon this theory I am seldom disappointed. I seldom find it necessary to use ergot as a parturient, save in hastening contractions where the uterus has a flabby feeling after delivery is completed.

E. L. PERKINS, M. D.

NEWPORT, N. C.

Reply to Dr. Fowler.

Editor MEDICAL WORLD:

Dr. T. B. Fowler seems to be afraid that my article on craniotomy will cause some of the young M.D.'s to perform that frightful operation prematurely. He need not be afraid of that. No one, young or old, will do that. And if he has ever done it, I know he will not be in a hurry to do it again. No, the danger is that it will be put off so long that his patient will be lost. Will Dr. Fowler please tell us in the June number of THE WORLD, what I ought to have done in my first case, described in the March number? Let me explain my situation. I was the only M.D. that had performed this operation in this county at that time, and so I was called in nearly all the bad cases, and soon found it necessary to buy the proper instruments. And even now I am the only one that I know of that keeps them. And when any of the brethren borrow even the forceps, I generally have to follow them. I have been called to cases to perform craniotomy when only the forceps were used. But it was so late that after delivering a dead babe, the mother followed in a day or two. In one case, on the fourth day, I was called to come and bring all my instruments. I only used the forceps, but the head had been jamed down on the urethra so long that the lady recovered with vesico-vaginal fistula. After enduring this wretched condition two years she went to St. Louis and was happily cured. There have been women in this county that have died undelivered. Two cases of arm presentation, where they died and were buried in that horrible condition, with two regular graduates of medicine in attendance. In my forty-four years of practice I have never had a case that I did not deliver, and only one case of craniotomy where the child was alive. That was a case of complete ossification of the head. The medical counsel of four decided that the woman would die first and then the child, for the pains had ceased and she was sinking. No, we must not risk the life of a woman for the precarious life of the child; and always try first that safe, life-saving instrument, the forceps.

B. F. DUNKLEY, M.D.

DUNKSBURG, Mo.

A Few Questions.

Editor MEDICAL WORLD:

I send you a few questions for publication, and hope that some of the readers of your valuable journal will answer them.

1. What would be the object of giving ergot in the second stage of pneumonia, when the lung has become solidified by the inflammatory exudations?

2. Where does the exudation come from in pneumonitis?

3. In treating a case of pneumonitis, are there any medicines that will excite absorption

and thus shorten the duration of the second stage?

I was prompted to ask these questions with a view of hearing more about ergot in pneumonia, for when I give a medicine I want to know what it is going to do, and, if possible, how it does it. I. LESLIE EDMUNDS, M.D.
CLEARWATER, Minn.

Diphtheria.

Editor MEDICAL WORLD:

The first editorial of your March number, devoted partly to the above subject, closes with the following sentence: "A free exchange of views is invited."

I shall be silent on pathology, varieties, diagnosis and other important points, and proceed to discuss two factors: the ways in which the fatal issue may occur, and the means to be employed to meet the same.

Diphtheria terminates life in one of four ways, *viz*: asphyxia, exhaustion, heart-clot or septicæmia; sequels and complications I will not notice; they are to be met as they arise.

Treatment: To guard against fatal issue from asphyxia, facilitate expulsion of the false membrane from the air passages. Strong solutions of tincture of the chloride of iron and chlorate of potassa, lactic acid, crystal pepsin with muriatic acid are to be applied to the throat internally; gargling with hot water; inhalation of steam; painting membrane with tincture of iodine; free use of sulphur, dry powder to the throat and fumigation of room with burning sulphur. Apply salt pork, with dry mustard rubbed into it, to the throat externally. Keep the room constantly at a comfortable temperature, with moist atmosphere rendered antiseptic. To give all the measures available in this connection and explain how to use them would be no easy task. I once saw a large blister over the trachea do wonders in a seemingly hopeless case.

For exhaustion, support the vitality of the patient in all cases with quinine and brandy. Dissolve the quinine in a little aromatic sulphuric acid.

In threatened heart-clot, keep the blood defibrinated; carbonate of ammonia in the solution of the acetate of ammonia, in proportion of five grains of the former to the ounce of the latter, given in suitable doses and at proper times throughout the disease, meets this indication.

Septicæmia is best combatted with tincture of the chloride of iron and chlorate of potassa, given in liberal doses, alternated with suitable doses of sulphurous acid. This is also met by the remedies used for exhaustion.

The diet should be supporting, consisting of milk, beef tea, properly prepared and administered frequently.

General directions: Constitutional treatment should be given systematically; thus: iron and potash at six o'clock, quinine and brandy at seven o'clock, sulphurous acid at eight o'clock, and carbonate of ammonia in solution of acetate, at nine o'clock (sulphurous acid may be given in doses of one drop for every year old up to fifteen). Give the medicines in rotation again, beginning at ten o'clock and ending at one o'clock; and yet again, beginning at two o'clock and ending at five o'clock. This is easily accomplished by setting the four bottles containing the different medicines in a row and directing the nurse to give them in rotation at the end of each hour. It is needless to state that the medicines should be given in diminished doses and at longer intervals as the disease yields to the treatment.

The local treatment is also important. The throat mop, atomizer and insufflator are here called into use. No violence should be used in applying remedies locally; but it should always be remembered that success is the reward of perseverance; therefore, keep doing; apply lotion frequently; gargle often. The tincture of iodine need not be applied more than twice daily.

More details might be given, but enough is here said, as the above falls into intelligent hands.

From my own experience I cannot speak too highly of the above treatment. OAK HILL.
NEW BRUNSWICK.

What is the Matter, and What Would be Your Treatment?

Editor MEDICAL WORLD:

I was called on March 28th to see a girl ten years old. She was taken sick in August with a severe pain through from one temple to the other, including the frontal sinuses, nasal bones and olfactory ganglion and nerves, with a cramping in the stomach and bowels. No fever.

A regular M. D. was called in, and on examination pronounced the trouble, changing of life, and treated for the same for about two months. No change, only for the worse. Exhausted his skill, and quit.

The second M.D. was called in. On examination pronounced it neuralgia and scrofula, and treated for the same. Gave quinine and morphia in large doses for the pain, but it all failed to give relief. He saw the patient for some four months, and still she was no better. Gave up and quit.

The third doctor was then called in. On

examination he pronounced it worms, and treated for the same. Exhausted his skill, and quit.

March the 28th I was sent for. I found the patient not able to turn herself in bed, having spasms every half hour, and lasting just half an hour. Complained of breast and head. When the fits of cramping would come she would hold her breath and scream at the top of her voice, and had to be in an erect position in order to breathe. When the cramping would subside in the bowels and breast it would go to the temporal and frontal regions. When the muscles began to relax you could really hear a popping and crackling noise; and when this would occur the child would ask who hit her. No fever; pulse 63 and weak; legs drawn up against the back part of thighs; feet and toes drawn down and cannot be straightened. Has good use of arms and shoulders. Spine not affected. Has not eaten anything but cooked fruit in four months, and very little of that. Eyes look good, but cannot see; complains of the light. Each large gland of the neck is swollen; there is a tumor, deep-seated, on the left of the sternum, at its extremity.

I hope that some brother will aid me in this case. I made a diagnosis of scrofulosis with neuralgia. Am I right, or am I wrong?

DR. W. A. EVANS.

WILEY'S COVE, Searcy Co., Ark.

Diphtheria.

BY M. M. BROWN, M.D., ITHACA, N. Y.

Editor MEDICAL WORLD:

Perhaps no disease in existence has puzzled the practitioner more than diphtheria, and how to successfully treat it. My experience extends over a period of about twenty-four years, and during all that time I do not recall more than three fatal cases that I cared for from beginning to end. For many years I depended upon permanganate of potassa, tincture of muriate of iron, chlorate of potassa, and bichromate of potassa.

Some five years ago I had several bad cases of catarrhal diphtheria, also some of the malignant form. I had my attention called by counsel to a new mode of medication. I tried it and found it to be par excellent.

Since that time, I have never lost a case in any form. I will now give the readers of THE WORLD the treatment in detail, and can assure the medical brethren, who read this article, that they will not be disappointed, and can leave the bedside of their most troublesome patients with the utmost confidence that all will go on well in their absence, if the nurses can be trusted to follow the directions.

TREATMENT:—In a glass, half full of pure, cold water, drop ten drops of specific tincture of baptisia (wild indigo); also fifteen drops of tincture of phytolacca decandra (poke root); stir well and give a teaspoonful alternately each hour with the following: bichromate of potassa, second homœopathic decimal trituration, fifteen grains to one-half tumblerful of water.

For very young children, reduce one-half, or give one-half teaspoonful.

Give from the first inception of the disease, four grains of quinia sulphate twice a day, till the patient is convalescent, or till every function becomes normal. Order the nurse to give the quinia at 7 A.M. and at 3 P.M. daily. If great exhaustion comes on, it will be well to give the quinia also at midnight.

When croupy symptoms supervene, use a steam spray of tar and turpentine, one ounce each, in one pint of boiling water. In the absence of an atomizer, pour the mixture into a new tin basin and put it by the side of the patient in the bed, and cover the head with a sheet, then put into the basin a hot brick or stone, thus confining the steam or vapor for five, ten or fifteen minutes, as the case seems to demand. Repeat frequently.

When the patient's throat is filled with mucus or loose membranes, and there is much difficulty in raising the phlegm, use the following:

Take of—

Pulverized sanguinaria	dr.	1
Cider-vinegar	drs.	2
Pulverized sugar	drs.	4

Mix, and add—

Boiling water	oz.	12

Boil for twenty minutes in an earthen or porcelain vessel. Dose, a teaspoonful every half hour until symptoms are relieved. Repeat only as often as the case demands.

Apply long, thin slices of fat pork around the throat, bringing the ends of the slices up behind the ears, and keep in place with a bandage pinned on top of the head. Change every six hours. If trouble is experienced in keeping the bandage in place, put on a close fitting cap.

This treatment is excellent for throat complications in scarlatina and for membranous croup.

Diphtheria patients will bear more nourishment than any other acutely affected. You must give all the fresh, pure milk, rare beef, soup, rice or oatmeal, they can be made to take. If the throat is too much swollen to swallow, give food per rectum.

I do not remember of ever having resorted to alcoholic stimulants in a single case.

Use great caution during convalescence, that the patient be not allowed to sit up or stand

upon the feet for at least one week after dismissal.

There is such a wide difference of opinion as to the etiology of this disease, I shall only add that micrococci, bacilli, microbes, malaria, bad water, homes of filth, bad ventilation, bad nourishment, extreme cold weather, extreme hot weather, predisposition to sore throat, vicissitudes of weather, etc., etc., are some of the supposed causes.

The tincture of poke root should be made from the green root, dug in late autumn or early spring.

The Midwife of Central Iowa.

Editor MEDICAL WORLD:

In November WORLD, 1884, I find an article by Dr. Frederick W. Putnam, of Binghamton, N. Y., the title of which is, "The Midwife of New York." In reading brother Putnam's article I concluded to write a short article on "The Midwife of Central Iowa." We have the midwife with us in this western country. Here she is an evil, but not a necessary one. She may be found in the village, and in the remote rural districts. She is wide-awake to every case of "gravid uterus" in the whole country, and either visits them in person, or sends her agent, to solicit the family's patronage. Many persons will employ them from a pecuniary standpoint, as a midwife here charges but $2.50 or $3.00, and in addition to her services during accouchment, she is with her patron from two to four weeks, teaing and rubbing her before parturition, and teaing and greasing the new-comer after its birth. She is very wise in her own conceit: "full of wise saws and modern instances." With them a doctor is of no moment in a case of labor, except when through their ignorance they get into trouble, and then they will get out of it by stubborn denial. I have a case now in mind: Mrs. S., in her second accouchment, called in Granny H. (according to previous contract) on the night of August 14th, 1880. I was hurridly called to her bedside at 4 A. M., August 15th, Mr. S. informing me that something was wrong, as Granny H. was "a good one," but that she could not get the after-birth. He seeming to think that what Granny could not do was past any one's aid. On arriving at the house I found Granny with her sleeves pinned up and her arms besmeared with blood to her shoulders. I asked her what the trouble could be, and was informed by her that the cord "was so rotten that on picking it up it had broken in two," and that she "could not get her clarred." "Well Granny," said I, "did you not use some force in trying to pull away the after-birth?" "O, no Dock, I jist barly straightened it out and it gave way."

I then proceeded to examine the case and found hourglass-contraction of the uterus. After oiling my hand I passed it within the os, which was very patulous. I made gentle but firm pressure against the constricted portion, which in a short time rewarded me with relaxation of circular fiber and liberation of incarcerated placenta. I found attached to the placenta about three inches of as firm and stout funis as I have ever seen. The Granny then asked me, "what was the matter Dock, and how did you get away with it so quick? I answered in but few words, and left. Some six weeks ago Mrs. S. was confined and was attended by Mrs. S., a midwife. Mrs. S. gave birth to twins. After the first child was delivered, the midwife advised her to get over the vessel, stating that the after-birth would come away more quickly; and while over the vessel she was delivered of the second child and placenta, which would have been thrown into the hog-pen but for the cry of the child.

E. J. YAGER, M.D.

SANDYVILLE, Iowa.

Replies.—A Case.

Editor MEDICAL WORLD:

Your valuable journal is highly interesting to me, and is an excellent medium for exchange of thought among practitioners. Every reader ought to try to add something from his experience in return for what he receives from others.

To "Doubter," I would say that I do not see why balsam of copaiba may not be rationally used in membranous croup; it is a genito-urinary stimulant and a reflex expectorant; its oil, like other valatile oils, is disinfectant. It would undoubtedly have some tendency to eliminate disease by the sweat, urine, etc., and the copaibic acid may possess solvent properties that render it specially useful in fibrinous mucous or sub-mucous inflammations. We know that it is good in vesico-urethral inflammations. It probably acts more or less on all mucous membranes. I think that "Doubter" might give it a fair trial without the charge of empiricism.

Dr. Thornton is right in regards to the depressant effects of quinia in large doses.

Some physicians in this section seem to have lost sight of, or else never discovered, that complete quininism and dangerous depression of the eighth pair of nerves are companions.

The diffusive stimulants, myrrh and camphor, are valuable aids to quinine.

To Dr. F.: Tinct. ferri mur. ʒss to ʒj doses largely diluted, also alcohol and quinia,

are highly beneficial in all malarial hemorrhages. Where the stomach revolts at quinine, and it is not desired to use it hypodermically, use as follows:

℞ Quiniæ sulph..... ʒ j
Spts. terebinth..... ʒ j
Adipis..... q. s.
M.—Sig. Rub in flexures of joints and epigastrium.

I have so often used this with children in intermittents and remittents that I know it to be reliable.

I have found sulphate of zinc the best local application in diphtheria. Use with brush or sponge probang, or syringe when nasal.

I wish to report the following case: October 6th, saw Mr. M., age 29. Said he was restless Friday night, October 3rd; slept in latter part of night; did some work on farm Saturday morning; had fever in the evening, vomited occasionally all night. Was better on morning of 5th; took quinine hoping to keep off chill, which it failed to do; fever and emesis through the night, which continue this morning (the 6th); find his temperature to be 101°; F.; pulse, 100; tongue coated heavily, yellowish brown, clean border and tip, but not red; gastric tenderness. Ordered:

℞ Pil. hydrarg..... grs. x
Morphiæ sulph..... gr. ss
Mix.—Make into four pills. Sig.—One every hour.

℞ Potassæ brom..... grs. lxxx
Fl. ex. gelsemium..... gtts. lviij
Morphiæ..... gr. j
Aquæ.....ad... ʒ ij
M.—Sig. Teaspoonful every four hours, or oftener if restless.
Also thirty grains of sulphate of quinine divided into four parts, one part to be given at 1, 3, 5 and 7 o'clock to-morow.

October 7th, no more vomiting. At visit later in the day nearer height of pyrexia, temperature 102°, pulse full and strong and not so frequent; mind clear, tongue moist but color unchanged, less gastric tenderness; bowels have not moved. Gave hydrarg. chlor. mite, grains v, at once. Follow in four and eight hours with rhei pulv. in ten-grain doses. The quinine and bromide mixtures to be continued as before.

October 8th. Bowels acted three times since my visit yesterday. Continue quinine and sedative as before. Temperature 101°, tongue and skin moist.

October 9th. Saw patient at 8 A. M. Has but little fever, tongue and skin moist; bowels have not moved. Continue treatment. He has not required the bromide mixture oftener than every four hours; says his skin was dry and hot at times yesterday. Ordered jaborandi and sweet spirit of niter to be taken when skin is dry, but not to be repeated if it causes emesis.

October 10th. Did not take but one dose of jaborandi; vomited once, then rested well through the night. At my visit at 3 P. M., temperature 102°; some little nervous excitement; mind has been clear throughout illness; is sweating some; tongue moist; bowels not acted.

For special reasons I stop the report at this point. Now brethren, I have made a correct statement of the case. If there is anything in my treatment of this case to condemn, please point it out. Feel free to condemn, or sanction, as my course will justify.

O. C. Buster.

Steward's Creek, Texas.

Carbuncles.

Editor Medical World:

A very satisfactory way to treat a carbuncle locally is to soften the parts with a weak solution of carbolic acid or a strong one of soap; wipe dry and apply collodion around the already formed "head" for an inch or so. The pressure, on drying, is even and causes absorption and prevents spreading. As the patient is generally constipated, a cathartic is usually indicated.

In the case of boils and carbuncles, nature surrounds them with coagulable lymph to wall out the contents from the surrounding tissues. So they should never be opened with a knife.

I. H. Stearns, M.D.

Battle Creek, Mich.

Obstetrical Experience.

Editor Medical World:

To me your journal is a most welcome monthly visitor, the perusal of which is a source of pleasure and profit. The interchange feature I admire and appreciate most of all, for through this medium we get the solid facts of every day experience. Theory undemonstrated is worth nothing. We want practical truths—something that will enable us to successfully combat the many ills to which the human family is heir.

Dr. Palmer's obstetrical record is indeed wonderful. I am glad this theme has been started in your journal. If you will allow me space, I will briefly relate my experience, which, though more varied than Dr. Palmer's, may be interesting to some of your readers.

I have been practicing medicine for five years, and during that time have officiated in about two hundred cases. Have used forceps

in two cases; have had two cases of twins; one case of partial placenta previa; two cases of breech presentation, one of which was hydrocephalus, and had a large ulcer over the spinal column in the lumbar region, underneath which the spine was not connected; or it seemed rather more like as if one of the vertebræ was entirely absent. It was, of course, dead-born.

Was called in consultation in one case of transverse presentation. When I first saw the patient she had been in labor fifteen hours; the membranes had been ruptured some hours previously, and under the powerful contractions of the uterus the child's shoulder was impacted firmly in the pelvis, with one arm protruding. After administering chloroform I introduced my hand, and with great difficulty succeeded in bringing down a foot, and delivering; the only sequence being a short slit in posterior lip of os.

Have had four cases of post-partum hemorrhage, all of which were readily controlled by ergot, application of wet cloths to abdomen and external manipulation. In one case, however, I had to introduce my hand into uterus before I could get up contraction.

Have had three cases of adherent placenta, and one of puerperal fever caused by the midwife failing to remove all the placenta.

This constitutes the majority of my obstetrical troubles.

Has any one ever seen a case of abortion caused by ptyalism?

J. MANSON GREER, M.D.

CHICKAMAUGA, Tenn.

A Peculiar and Fatal Symptom of Pneumonia.

Editor MEDICAL WORLD:

I have treated eighteen cases of pneumonia since the first of February, with a loss of three; and I desire to report the three, so that if any of your readers can tell me the cause of a certain symptom and how to treat that particular complication, I hope they will do so through your indispensible journal.

Case I.—Mrs. C., aged 39, mother of six children, had been troubled for several years with a cough of a bronchial character. Was five months gone in pregnancy. Attacked with chill accompanied with excrutiating pain in right side. I saw her on the fourth day, and found her in labor; all efforts to prevent an abortion failing, she was delivered of a fœtus on the sixth day. Left her in a comfortable condition. On the eighth day I had a report from her; she was expectorating freely; had had no fever for twenty-four hours; had some appetite. Suddenly, on the ninth day, on trying to swallow a dose of medicine she complained of her throat hurting her; I was called. I could see nothing abnormal in the throat. She continued to grow worse in her complaints about swallowing and on the tenth day she died.

Case II.—Mr. S., pneumonia of left lung. Seemed to improve under my usual treatment till the eighth day; suddenly he complained, while drinking some coffee, that his throat hurt him in the effort to swallow. In two hours he could not swallow at all, and died in twenty-four hours from the time he first complained of his throat. Nothing abnormal could be detected about his throat.

Case III.—Mrs. W., aged 30, mother of five children. Had always enjoyed fine health. I was called in to see her on the seventh day of her sickness, on account of the absence of her attending physician. I found her suffering with a pain in the left side, coughing up a rusty sputa. Gave her a prescription and cupped her with dry cup. In three hours the pain in side subsided. About that time, she complained, while drinkiug a cup of coffee, of her throat being sore. That symptom got rapidly worse, and she died in thirty-six hours from the time she complained of her throat.

These were the only cases I have seen that complained of that peculiar symptom. They all died. I lost no others. What amount of light can any of your readers give me on the subject? J. P. OWEN.

POINT PETER, Ark.

Ten Cases of Pneumonia.

Editor MEDICAL WORLD:

Case 1, W. G., a boy aged 14, sick one week. Died from embolism or heart clot. Case 2, Belle P., age 17, was sick one week. Had a relapse and died about the tenth day. Cases 1 and 2 were not blistered; flannels and liniments were substituted. As they were not treated by myself, I cannot give the treatment. Case 3, Wm. T. B., married, age 36, died 7th day. Was not blistered until within twenty-four hours of his death. I did not see this case. Case 4, James B., married, age 33, was treated by myself, but had counsel. Was blistered early and repeated in three days, and though he suffered some from strangury, he made an early and complete recovery, though both lungs were involved. Case 5, Richard P., married, age 42. I did not treat this case. After being sick a week or ten days he applied a blister without the consent of his three attending physicians. Recovery incomplete. Case 6, Dick B., single, aged 20. I saw him within twenty-four hours and applied a blister and repeated in four days

and dismissed case in one week. Recovery complete. It was his fifth attack of pneumonia. I treated him through an attack three years before. Case 7, Dick C., single, aged 18. Saw him within twenty-four hours. Got a very poor blister. Cerate not good. As he protested so against being blistered next day, Dr. H. persuaded me to envelop the chest in flannel and use liniment. Recovery incomplete. Case 8, Mrs. S., age 28. I did not treat her. She was not blistered. Recovery complete. Case 9, Mrs. P. S., age 38. Saw case in forty-eight hours. Put on a blister and repeated twice, and though both lungs and pleura were involved, I dismissed the case on the 12th day. Complete recovery. Case 10, Dr. C. (the writer), married, age 32. Had four doctors in all to treat me. Thought I had pneumonia in the first hour of the attack; attending physicians failed to recognize it for a week, at which time they finally consented that I might be blistered ("just to please me," they said). I had the blister applied five times in the course of six weeks, and derived much benefit from them. So I practice (at least in this instance) what I preach. Though four months have elapsed, my recovery is incomplete. I lost forty pounds in weight, and have gained back ten pounds, so I weigh now 150 pounds; usual weight 180 pounds. I rarely cough now, but my respirations are twenty-four per minute, and pulse eighty-four. Appetite very good, but I suffer almost daily from slight headache, which is worse at night, and sometimes is very severe. Bowels regular, but there is too much flow from the kidneys at night. I have to get up from two to four times at night. In the daytime it seems about right. I am weak; cannot chop or labor, but can ride horseback or in a buggy without much worry. I hope my brother physicians will prescribe for my case and condition, as I want to get well and be useful. And as cases 5 and 7 are similar to mine, I want to see them completely cured.

In pneumonia I blister early, freely and frequently. As a sedative I use tincture of digitalis, saturated solution of muriate of ammonia and sweet spirits of nitre combined together. As a purgative, generally the U. S. P. pills. As stimulants, carbonate of ammonia, whisky, eggnog, milk punch, etc. I use some one of the preparations of the cinchona bark continuously, but alternated with the sedative, and generally see speedy and complete recoveries. Some preparation of opium in a cough syrup is generally useful in combination with tartarized antimony for adults, or ipecac for small children.

DR. J. A. COPPEDGE.

WHITE OAK P. O., Hopkins Co., Texas.

Valuable, or Not?

To-day, as I was reading THE WORLD, my wife hurriedly brought my little four-years-old boy into the office, screaming pitiously with pain in his left eye. He had tried to oil his hair with oil of pennyroyal, and it ran down into his eye. I quickly instilled into the painful eye a drop of a four per cent. solution of cocaine. The effect was an almost instantaneous cessation of all pain. The little fellow went to sleep in a few moments and slept for two hours. The pupil was moderately dilated when he awoke.

F. W. EPLEY.

NEW RICHMOND, Wis.

Medical Education.

Editor MEDICAL WORLD:

I have been very much interested in perusing the different articles in your columns for the last few months on the subject of Medical Education, and more particularly Dr. De Armond's article, and the reply thereto by Dr. Jones in your April number.

This subject is one in which the profession are, or should be, profoundly interested. That the subject is attracting attention outside of our ranks is evidenced by the fact that almost, if not all, of the State Legislatures during the past winter have been tinkering away at some kind of a law to regulate the practice of medicine.

How well they have succeeded in legislating about things they know nothing about, we who read up the medical literature of the day are fully posted. Now, I am a believer in education, *pre*liminary and *post*liminary. Of both varieties the more the better. I am bitterly opposed to ignorant men practicing *any* of the learned professions, but more particularly that of medicine, because life and death are placed in our hands.

As to the amount or extent of the preliminary education, I agree with Dr. Jones entirely; only that I would add that where the standard for entering a medical college *can* be raised, it should be done. This can be successfully accomplished in all our State universities, where they are not dependent on public patronage for support. It may be fairly concluded that I am in favor of public universities and *not* in favor of private medical colleges as we have them to-day in most of our States. Even some of the older and highly esteemed medical colleges in our Atlantic cities, a few years since, had to retract from an advanced position taken, because it was found that to maintain it would be not only financially disastrous, but eventu-

ally fatal. Three terms of nine months each, with a good sprinkling of "preliminary," is not too much to be required of any candidate for the degree of M.D., but it is too much, almost, for any medical college in America to require of a student, unless that college is made wholly and entirely independent of public patronage by the wealth of a great State behind it. Now, Dr. Jones, I am a "two-termer" as well as yourself; but it is because three-termers were not conceived, much less born, twenty-one years ago.

This university plan, though long, is not expensive; practically, all tuition is free; hence young men with little else than ambition and muscle can enter in and compete with "the opulent dudes whose money alone takes them where brains should be the passport." I am a prohibitionist in more ways than one; and one of my ways would be to prohibit two out of every three of the self styled medical colleges in the United States to-day.

Methinks I hear some one say: "What about homœopaths, eclectics and all those other fellows? Well, just this: if their *pre* and *post*-liminary education has been what it should have been, and they have had conferred on them the degree of M.D. by a medical college whose requirements for entrance and graduation are what we are all agreed they should be, then let them take their chances with the rest of us. I have no particular objections to a man being a little "cranky" and styling himself a homœopath if he wants to, or thinks it is smart to do so, but I *do* insist that he *shall* be educated in medicine, as well as the best university on this continent can make him, before he be allowed to practice medicine. All exclusive systems, *pathies*, *isms* or *theories* in medicine is quackery. Medicine has too long been based on a single idea, theory; been too exclusive; been too narrow, not only in its teachings, but in the restrictions thrown around its members. This latter fact produced the rupture between the American Medical Association and the New York State Medical Society. Out of this fight grew the new-codists and no-codists.

But I am wandering. What we want to-day more than ever before in our profession is *earnest, educated* men; educated *well* in the preliminaries, educated *thoroughly* and *broadly* in all that pertains to medicine. As to the school, so-called, it matters little; as to the specialty, it matters less; as to our hobby, if any, it matters not; but as to the fact of being *educated*, it matters all.

I grant all that Dr. Jones says regarding education making a successful physician; it *alone* will not do it; examples such as given by him are familiar to us all, at least they are to me. Let the physician be educated in medicine, whether he possesses the other necessaries to become a successful practitioner or not; but, possessing *all* the other requisites under the sun and not a thorough medical education, cannot, or should not, constitute a man a practitioner of medicine.

ELMORE PALMER, M.D.

BOULDER, Colorado.

Medical Education.

BY J. A. DE ARMOND, M. D.

Editor MEDICAL WORLD:

In an article on the above subject in the April number of the WORLD, Dr. Jones, of Kansas, takes exception to some observations I made on the same subject in the issue of this journal for February. I do not think the Doctor and I differ very materially in our views on the main point at issue, to wit: that an applicant for a medical diploma should have a good, common-school education. The graduates from our high schools who complete their studies of arithmetic, grammar, geography, at least three years in Latin, and have kept abreast in the other studies of such a course, are abundantly fitted to begin the study of medicine. At the same time, if it is possible, a complete college course is all the better. No doctor and no man in any profession ever did fail or ever will fail because he is too well educated. The doctor seems to lay a good deal of stress on the individual and his possible future attainments and not his present possessions; for he says: "providing he is possessed of ordinary intelligence and a reasonable education, letting his future progress and deportment be a guide as to his worthiness to receive the degree of M. D." To this plan I should take exception. Why?

In Iowa—and I presume Iowa does not differ materially in this respect from other States—at every meeting of the legislature an effort is made to pass laws regulating the practice of medicine. The State is overrun by quacks. Every large city in the State contains from two to twenty. Thus far all efforts have failed and no law has yet been enacted whereby these barnacles can be gotten rid of. Nor can doctors agree on the kind of a law they want. Some want a law requiring an examining board whose duty it shall be to test the knowledge of the medical fraternity. To this the older members of the profession object. They say, "we have practiced ten or twenty years; you must not examine us. Make ten years a dividing line. All who have practiced that length

of time are not to be examined." That loophole lets in a crowd of villains who are none the less such because they are gray headed. So the schemes go. The plans are numerous and ingenious, but all fail somewhere.

Now, why is such a law needed? Isn't it because so many of Dr. Jones' worthy blacksmiths and farmers quit the anvil and the plow to take up a calling their education cannot grasp? These are the very members of the profession who get a hold of some remedy for piles or consumption, and another quack is added to the already too numerous army. Young men should always be discouraged from undertaking the study of medicine when their education and finances are not equal to the strain. The country is full of capable young men who would like to handle Mississippi river steamers. These same young men may be honest, and generally are honest; but they put their mark too high. It is well to aim high in life, but there is no special gain in putting your mark beyond all hope of reach. I believe in helping the young men who, full of the enthusiasm of youth, are ready to do or die. But I also believe in advising them to embark in such enterprises as their means and attainments qualify them for. At least two-thirds of the young men who want to be doctors see in the profession an easy, lazy life, plenty of money and the distinction which is sometimes recognized in being dubbed "Doc." If medical men would take these young men out and give them a good talking to, explain to them the labor to be done, the amount of it to be done without hope of reward except abuse, the difficulty in collecting bills, and, in short, telling them that the amount of glory and cash are never commensurate with the labor and loss of rest, then surely our ranks would not be so swollen every year by the advent of a lot of unprepared men who would grace a harvest field, but will disgrace, too often, a noble profession. There are many young men who would like to be doctors, lawyers or preachers, but they have neither the education nor the cash to make members of any one of these callings. Still if they *will* come, I am in favor of making preachers out of most of them. The cannibals must be saved, and I know no better way than by sacrificing these young men.

A word now as to the three-term plan. Without any doubt it is the best yet tried in our country. It would be all the better if it were four terms. Our State has a few medical schools. They are no worse than those of sister States, nor do I think they are any better. A young man who is "smart," and apt at learning, can get a diploma in just eighteen months time. The simple fact of his having done a few errands, or washed a few bottles for one of the old doctors, who are medical and weather oracles, will suffice for the statement of "previous study," which is seldom called for and still less seldom taken into consideration.

I am opposed to all this talk of medical legislation curing all the ills we are cursed with. Just so long as we argue and hold that a man who shows signs of "business" about him is a fit subject for our profession, and help him to become a physician, we are directly to blame. Human life should always be held too sacred to be made the basis for a financial trade. When none but competent men are admittted to our ranks, and not until then, will the standard be so raised as to place our calling on the high plane it naturally belongs. We will not often make a mistake, when we take intellectual vigor in preference to an anxious desire. Let none commence the study of medicine who have not the means to complete the work. Capable men, who are intelligent, and have some education, can find in tilling the soil an occupation which is both profitable and honorable. Better any time be a good farmer than a poor doctor.

The educational standard is too low. There are too many poor doctors in the country. In fact, there are so many that there is no longer a line between the profession and the quacks. If a few of our too numerous medical schools were closed, the loss would be light while the benefit would be great.

In my paper before alluded to, I made a reference to "oppulent dudes"—such as are found in all medical schools, who have money, but no brains. Dr. Jones thinks I prefer them to the uneducated. I do. I think they are less dangerous. The first are not dangerous, for even when they do buy a diploma, their general make-up stamps them so that the damage they do is very slight. But the uneducated, to whom a little learning is, indeed, a dangerous thing, are made members of a profession they never can honor, and to which they seldom fail to bring odium.

LE CLAIRE, Iowa.

Temperaments in Phthisis.

BY C. G. POLK, M. D.

Editor MEDICAL WORLD:

Phthisis has ever been an interesting study to the writer, and his conclusions and opinions are the results of careful investigations. These have been given to the profession in a large measure in his elaborate papers on the subject and in his monographs.

The opinion that scrofulous pneumonia and

tubercular phthisis are distinct entities, has been already declared, as also that the tuberculous bacilli are a consequence of tyrosis, rather than the cause.

Scrofulous pneumonia finds its most susceptible victims in the lymphatic temperament, while the tuberculous more especially abounds in the mental, or nervous temperament.

The tubercular conformation is a familiar one to every practitioner of medicine, and has been described so often that every medical student will recognize it: the long, slim neck, the long, flat, narrow chest, the wide spaces between the ribs, the projecting scapulæ, the small medulla oblongata, small cerebellum and small heart, are the characteristics of the tuberculous diathesis.

The scrofulous form of phthisis presents two classes, the blonde and the brunette. The former, however, is seldom encountered, while the latter is the prevailing type in pythisis, the former often suffering from external scrofula, while the brunette variety succumbs to internal scrofula. This variety is characterized by a muddy complexion, broad, flat nose, coarse hair and skin, and sluggist mental faculties.

The practical results from these observations are that these varieties are benefited by different methods of treatment. The hypophosphites of lime, sodium and aluminum give excellent results in tuberculous phthisis, while they give almost negative results in the scrofulous variety; while cod-liver oil, iron, manganese, quinia and strychnia seem to do the most good; in fact, with these remedies, he has succeeded in *curing* a small per cent. of cases. If life and health permits, the writer expects to complete his long-promised work "Tuberculosis, Scrofulosis and Allied Diseases," before the expiration of this year, and in this, this subject will be carefully and elaborately presented.

2219 Catherine street, Philadelphia.

Spasmodic Stricture Cured by Ether.

Editor MEDICAL WORLD:

Having an abiding belief in the mutual benefit arising from interchange of ideas between physicians, and reporting such cases from practice as would be of interest, I submit the following: Having treated Clarence B. for acute cystitis for some days, the voiding of urine became difficult. I apprehended spasmodic stricture from irritation of the coats of the urethra by the urine. My supposition was not without foundation, as retention became complete. I removed contents of bladder by catheter (with the skilful aid of Dr. Cooper, of Milo). The next day, no water having passed since catheterization, I resolved to try the local influence of purified ether. I applied flannel compresses, saturated with ether, to the hypogastrium, renewing every ten minutes, and to my satisfaction the urine flowed freely in forty minutes. The same procedure was again repeated in twenty-four hours with the same result, after which he made a good recovery, and is now doing well. E. J. JAGER.
SANDYVILLE, Iowa.

Borax as an Anti-Fermentive.

Editor MEDICAL WORLD:

In the current number of your magazine, you call our attention to the general use of borax in epidemics as recommended by M. de Cyon.

As long ago as 1872, I had occasion to note the antiseptic and anti-fermentative powers of borax in a case of acute intestinal catarrh. The subject was a child of about five years. Circumstances were such that immediate medical help—in the way of drugs—was impossible. I was then a student and my presence was purely accidental. I hoped there might have been some remedies in the house, saved from the past requirements of a family of eight children; but nothing was apparent but poverty, degradation and whisky, save a small paper of borax.

The ignorant rush were the learned fear to tread! I took the case. I will not go into details, but only add that one-half a grain of borax per hour in water as hot as could be taken into the mouth, and a solution of one teaspoonful to the pint of quite warm water, used as enema every three hours, and hot baths when the spasms of pain came on, were all that I ordered. The mother was anxious to follow directions.

I sent a man there two days after with a package of the Infants' food popular at that time, with proper instructions, in case the child should be living. He found him sitting in the sand outside the shanty, apparently free from all pain and sorrow!

I have never had a case since which I really felt like treating in just that way; but I see nothing in the remedy irrelevent to the requirements of the case, considering the fact that diseases of that nature are the result of decomposed matter in the intestinal canal, and hence require a remedy possessing anti-fermentative and anti-septic qualities. These, borax possesses, together with healing properties, in a great degree. FLORA. S. RUSSELL, M. D.
BOSTON, Mass.

Angina Pectoris.

Editor MEDICAL WORLD:

Mr. Frank B., aged 30, has for the last year been having paroxysms, varying greatly in frequency and in severity. Last January he had an attack which was relieved partially by a hypodermic of morphia and warm fomentations to the region of the heart; in thirty minutes, he not being relieved, I injected another ¼ grain, which gave perfect relief. A few nights ago he had another attack. His agony was so great that he bounced out of the bed upon the floor; the attention of three men was necessary to keep him in bed. On my arrival I administered by inhalation three minims of nitrite of amyl. In a very little time he was better; I used hot fomentations as before. In fifteen minutes, the patient not being entirely relieved, I broke another pearl of amyl nitrite, and allowed him to inhale the drug again; in a few minutes it gave entire ease; gave a brisk cathartic, his bowels being constipated. Left a few doses of medicine to be used in an emergency, and returned home. The next day he was all right and at work. I have used a variety of drugs in this disease, but none have acted so prompt and with such benefit as the nitrite of amyl. There is nothing new about this treatment, but I thought drawing attention to it might be of service to some one. I failed to discover any cardiac disease or aneurism of any kind, and I think the exciting cause was indigestion giving rise to flatulency and acidity. In such a condition I premise the treatment with a cathartic, followed by an alkali, as magnesia, or the following:

℞	Bicarbonate of soda	dr.	1
	Aromatic spirits of ammonia	oz.	½
	Spirits of chloroform	drs.	2
	Spearmint water	oz.	6

Mix.—Dose, one to two teaspoonfuls three times a day, or occasionally.

In cases presenting symptoms of feeble pulse and pallor of face, signs of heart failure, stimulants are called for; whisky, carbonate of ammonia, or the following:

℞	Spirits of ether	dr.	½
	Aromatic spirits of ammonia	dr.	½
	Compound spirits of lavender	oz.	½
	Camphor water	oz.	1

Mix.—Dose, a teasponful as required.

If the pulse is intermittent, digitalis, in small doses, is indicated; but whisky or brandy will generally be sufficient.

To sum up: Remove the cause, if possible. Stimulate or depress the circulation, as indicated. Attend to the diet and digestive organs. Attention to nutrition, and also to elimination. Watch the functions of the nervous centers.

ATHENS, Texas. E. C. ROTHROCK.

Treatment of Pneumonia and Croup, Once More, Etc.

Editor MEDICAL WORLD:

I have been profoundly interested in THE MEDICAL WORLD since the January number came into my hands. Its M. E. class-meeting department, if I may so call it, is especially interesting. But, what astounding revelations it presents! What opposite treatments of the same disease! What strange, yet manly and honorable disagreements! What "handling without gloves" of each other! and, yet, with mutual good-will, and for mutual good and enlightment.

In this same spirit, and from similar motives, I take Dr. J. M. Griffin in hand. The Doctor, I think, will excuse me if I say that I think his treatment of the above diseases, as detailed in the April number of THE MEDICAL WORLD, is open to criticism, if not sensure. The Doctor says: (page 139) "I treat them (the above diseases) just as I did more than thirty years ago. For pneumonia, morphia, tartar emetic, aconite, gelsemium, through the day; large doses of calomel and Dover's powders at night. * * I bleed freely, when pain is very acute, in the outset, and give whisky freely, if patient desires it, etc.," and have not lost a case in years.

This is, to say the least, very encouraging to the Doctor, as far as "not losing a case" is concerned; but, Doctor, how about the cases of mercurial poisoning, and so-called scrofula, and "fever sores" that must *necessarily* have been the result of your practice? Have you kept any record of these? Can you tell us how many sets of teeth have been prematurely destroyed through "salivation?" How many human wrecks are to day bearing evidence of the truth of your statement? Doctor, if you are inclined to think me severe, just remember that I *myself* am a victim of just such a course of treatment. It was in 1830; a so-called "fever sore" followed, beginning on the outside of the ankle and extending to the knee, lasting me *four years and eight months*, and causing the loss of twenty-four pieces of bone! I did not then know that calomel had done this for me; but, the study of medicine, later on, showed me two things, to wit: How great was the ignorance of my physician, and how greatly I had suffered from it. I cured my "fever sore" with botanical remedies only (for internal use) and a salve which I made, and have never had a return of it. That was about forty years ago.

I am now sixty-six years old, and though not a practicing physician, yet feel an unabated zeal for the future of the profession.

In further justification of what I have said against the use of calomel, as exhibited by Dr.

Griffin, I would remark that, though possessed of a good, sound physiological constitution at birth, and have eschewed the use of tobacco and liquor, and led an extremely temperate life, yet I have never enjoyed good health for any considerable time, since the first sickness and its results as above named; and but for my temperate habits, the old poison would long ago have broken out, as is evident from the condition of my skin, which is far from healthy.

And now for the Doctor, and his case of croup:—A six-weeks-old babe was given "five-grain doses every half hour till forty grains had been given, of mild chloride of mercury, followed by Fowler's solution of arsenic and quinine"!

To this, as to the other treatment, we feel like exclaiming: "Oh! Oh! Doctor! how could you do such a thing?" Has not 'more then thirty years'" practice made you acquainted with less dangerous, yet equally effectual remedies? Has medical science been at a stand still for "more than thirty years?" And then, your free resort to vivisection in obstetric cases! Are you not aware that the sentiment of the profession is *against* your entire course, as named above, with *very* few exceptions, indeed? So thoroughly are they against bleeding, that among all the physicians whom I know (and their name may be called legion) there is not one that practices it. Verily, Doctor, we think you are not a little tardy in giving up what less than forty years ago was the physician's "right bower"—calomel, blistering and bleeding. Why, only see; right here in our April number of THE MEDICAL WORLD—the same in which your article appears—we find Dr. J. W. Douglass saying: "I condemn blistering, and have never resorted to blood-letting, either generally or locally." And then again: "I sincerely believe that life has been *lost* in pneumonia by trusting too much to medicine and too little to feeding and stimulating." To all of which we feel like responding with a good, hearty, prolonged, Methodistic AMEN.

Yes, feed and stimulate; assist nature to fight the disease; keep up the vital powers with nourishing diet and such stimulants as have no very marked secondary effects.

At the risk of making my article too long, I would like to give my medical brethren generally, and Dr. Griffin and other friends of vivisection and calomel, in particular, the opinions of some of the most distinguished men in the profession, who lived long enough to learn the evil of their practice, and reform it or abandon it altogether.

"We have assisted in multiplying diseases; we have done more; we have increased their mortality."—Dr. Rush.

"The science of medicine is founded on conjecture, and improved by murder."—Sir Astley Cooper.

"My opinion is, that more *harm* than *good* is done by physicians; and I am convinced, that, had I left my patients to nature, instead of prescribing drugs, *more* would have been saved."—Dr. Hufeland.

What a confession made, thirty-five or forty years ago, when Dr. Griffin began to practice where *they* left off. We can give more, and longer, and *stronger* confessions than the above. But, now, particularly as to calomel.

"Nine-tenths of diseases are medicinal diseases."—Dr. Farre.

"He, who for an ordinary cause, resigns the fate of his patient to mercury, is a vile enemy to the sick; and, if he is tolerably popular, will, in one successful season, have paved the way for the business of life, for he has enough to do, ever afterward, to stop the mercurial breach of the constitutions of his dilapidated patients."—Dr. Chapman.

"It seeming impossible, in any other manner, to properly restrict the use of this powerful agent, calomel, it is directed that it be struck from the supply table; and that no further requisitions for this medicine be approved by the medical directors. Tartar emetic is also struck from the supply table of the army. No doubt can exist that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration."—Dr. Hammond, Surgeon General U. S. Army, Washington, May 14th, 1863.

Again I must ask, in view of the above, and the opposing practice of the contributors to this journal, and my own experience, if I may not be excused for any seeming severity to Dr. Griffin?

And now, a question or two, of general application to the profession, and I will close.

If intelligent men and women, *outside* the profession, knew all that the above and THE MEDICAL WORLD reveals of the practice of medicine, the treatment in obstetrics, the *experiments* tried upon the lives of patients, etc., etc., *ad infinitum*, would not the supply of doctors be largely in excess of the demand? Would they not rather leave their sick to the chances of nature, with such domestic remedies as most families know will "do no *harm*, if they don't do any good?"

Prof. WM. M. SCRIBNER.

COXSACKIE, N. Y.

IN the summer of 1703 an epidemic of yellow fever carried off 4040 persons in Philadelphia.

Facts.

Editor MEDICAL WORLD:

I subscribe to magazines of all schools and I find none, even of the more expensive ones, that excel THE WORLD; and, as each number comes, bright and sparkling, I am able to get from it something of use. And I am prompted, in my turn, to send along such facts as I have proved good, which, I think, will be of use to my colleagues. Believing, as I do, that *all* schools contain useful points, which may be utilized, and that no one contains all, my contributions will necessarily be from a perfectly *eclectic* standpoint. So I hope that none of your readers will be so offended, if some of my "facts" should be culled from the new schools, that they cannot stoop to try them, and be ready to give the credit to whom it is due. We dread the approach of cholera. Here is a good remedy:

℞ Tr. opii..... ℥ ss
Tr. capsicum..... ʒ j
Spt. camphoræ..... ʒ ss

M.—Sig. A teaspoonful every one, two or three hours, as needed.

In cases of colic, from whatever cause, when the pain centres at the umbilicus, tincture of nux vomica, in two to five drop doses, is the specific. This was Hahnemann's idea, and later has been emphasized by Prof. Scudder, of Cincinatti.

The *best* general remedy for colic, and one which will cure nine times out of ten, and will discount *all* opiates *every* time, is the following:

℞ Tr. colocynthis,.....
Tr. dioscoreæ vel., (green root)..āā.. ℥ ss
Alcoholis..... ʒ j

M.—Sig. Ten drops, in a teaspoonful of water, every fifteen minutes, till relieved.

Then we have a splendid remedy for angina pectoris in lobelia cerulea, tincture of the green leaves in twenty drop doses.

Dr. Cobleigh's ideas, regarding pneumonia, I fully coincide with. Good nursing and very little medicine is my rule.

Massage and electro-magnetism, *properly applied*, will cure Dr. Mosena's case; but blistering and cupping only sap the vitality of the parts.

Here is a good remedy for a general catarrhal condition of all the mucous surfaces:

℞ Kali bichrom..... grs. x
Aquæ dest..... O ss

M.—Sig. A teaspoonful three times a day.

The following is a good diaphoretic:

℞ Tr. aconiti, (green root).....
Spt. camphoræ .....āā... ʒ j

M.—Sig. Five drops, in a teaspoonful of water, every fifteen minutes.

Dr. F. M. Jones' remarks regarding medical education are to the point. Let us have that "reasonable education" and common sense. And let *quackery* be suppressed, whether among one-termers, two-termers, three-termers or four-termers.

W. W. GLEASON, M.D.

PROVINCETOWN, Mass.

Mix Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

I like THE WORLD very much and wish to keep posted by having it on hand. I see in one of my last journals, that a man using phosphorized cod-liver oil for some difficulty, found that it restored gray hairs to their original color. I wish to know how long he used it before that effect was produced. D. F. BURTON.

EAGLE GROVE, Iowa.

[THE form in which I have found the administration of phosphorized cod-liver oil beneficial in premature blanching of the hair has been as follows:

Take of—

Phosphorus..... gr. 1
Cod-liver oil..... oz. 6

Mix.—Dose, a teaspoonful four or five times a day.

Of course this treatment is entirely inoperative on the grey hair of old age; but I have certainly had ocular demonstration of its success in several other instances.—L. L.]

Editor MEDICAL WORLD:

If not asking too much, please publish, as soon as convenient, formulæ for "Parker's Ginger Tonic," and "Brown's Extract of Jamaica Ginger," both of which I believe to be good preparations, and oblige a subscriber,

ISAAC DUBOIS.

OHIOVILLE, N. Y.

Editor MEDICAL WORLD:

Will you or some one of your readers give me a recipe for removing superfluous hair? Also the best remedy for scabies (itch), and the formula for "Swift's Specific."

Try solid extract of boneset in asthma. Let the patient take a piece in his mouth, the size of a large cherry; let it dissolve, and swallow the saliva slowly. Repeat until relieved, and upon a return of paryoxisms. G. T. FULLER.

LOWES, Ky.

Gratifying Expressions.

New York, April 22, 1885.

DR. C. F. TAYLOR, Editor MEDICAL WORLD,
Philadelphia, Pa.,

Dear Sir—The reports from our *one page* advertisement in THE WORLD, have been a great surprise to us. We do not exaggerate in the least, in saying that calls for *Lists, Manuals, &c.*, giving THE WORLD the credit, has exceeded those from ALL OTHER JOURNALS COMBINED, since December 1884.

Yours very truly,
B. KEITH & Co.

PHILADELPHIA, Pa., Apr. 9, 1885.

C. F. TAYLOR, M.D.

Dear Sir:—By my usual style of advertising, almost every call for a catalogue mentions the journal. These calls as well as sales are credited to each journal. The record shows that the sales per dollar invested in THE WORLD have exceeded any other journal the past six months. S. S. STAUFER, M.D.

FORMULÆ.

Dr. N. S. Davis, of Chicago, uses the following two prescriptions during the first few days of pneumonia, associated with a typhoid condition of the system:

℞ Ammoniæ muriatis		ʒ iij
Antimon. et pot. tart		gr. ij
Morphiæ sulph		gr. iij
Syrupi glycyrrhizæ		ʒ iv

M.—Sig. A teaspoonful every four hours.

℞ Hydrarg. chloridi mitis		
Ipecac. pulv	āā...	gr. vj
Opii pulv		gr. iij
Sacchari alb		ʒ ss

M.—Ft. chart. num. vj. Sig. One powder every four hours alternately, with the preceding prescription. At the same time cover the chest with emollient poultices.

For Dyspepsia.

℞ Potass. iodid		gr. xij
Potass. bromidi		gr. xij
Potass. bicarb		ʒ j
Sodæ sesquicarb		ʒ j
Liq. magnes. bicarb. (Dinneford,s)		ʒ ij
Tinct. aurant		ʒ iv
Sacch. alb		ʒ iv
Aquæ dest	ad...	ʒ viij

M.—Sig. Two tablespoonfuls three times a day, with one tablespoonful of

℞ Acid. citrici		ʒ ij
Aquæ dest	ad...	ʒ iv

—DR. BRINTON, London.

Tonic for Children.

The following is an excellent, general tonic mixture for children.

℞ Potass. bromidi		gr. 1
Acid phosph. dil		
Tr. ferri chloridi	āā...	ʒ ij
Syr. limonis		
Aquæ dest	āā...	ʒ j ss

M.—Sig. A teaspoonful every four hours, for a child from three to five years old.

—DR. W. B. ATKINSON.

Eczema of the Genitals.

℞ Potass. chlorat		gr. xvj
Vin. opii		gr. xxxij
Aquæ dest		O ij

M.—To be applied by means of a compress soaked in the solution.

—*Revue de Therapeutique.*

For Acute Rheumatism, with Cardiac Complication.

℞ Quiniæ sulph		gr. xviij
Potass. bicarb		ʒ j
Potass. iodid		gr. xv
Pulv. tragacanth comp		ʒ iss
Aquæ chloroformi		
Aquæ dest	āā...ad...	ʒ viij

M.—Sig. A sixth part every four hours.

—PROFESSOR GARROD.

For Functional Palpitation of the Heart.

When the action of the heart is turbulent, palpitating and irregular, giving the patient an impression as of the fluttering of a bird in a cage, (this condition being a frequent result of excessive smoking, abuse of stimulants, exhaustion from overwork, etc.,) the following simple prescription will be found efficacious:

℞ Tinct. belladonnæ		
Tinct. nucis vomicæ	āā...	♏ xxiv
Aq. cinnamoni	ad...	ʒ ij

M.—Sig. Two teaspoonfulls three times a day.

—L. LEWIS.

Squill and Morphia Pill.

(Used in the Consumption Hospital, London.)

Take of—

Powdered squill	grs.	2
Hydrochlorate of morphia	gr.	⅛
Ipecacuanha	gr.	½
Oil of anise seed	minim	¼

M.—Make one pill. Dose, one to two.

Cinchonic Mixture.

(Used in the Great Northern Hospital, London.)

Take of—

Sulphate of cinchonic	grs.	1½
Dilute sulphuric acid	minims	5
Water	oz.	1

M.—For one draught.

Aperient Colchicum Mixture.

(Used in the University Hospital, London.)

Take of—

Tincture of colchicum seed	minims	15
Carbonate of magnesia	grs.	6
Sulphate of magnesia	grs.	30
Peppermint water, to	oz.	1

M.—One draught.

Mixture for Pertussus.

(Used in Charing Cross Hospital, London.)

Take of—

Tincture of belladonna	minims	2
Etherial tincture of lobelia	minim	1
Almond mixture	dr.	1

M.—One dose.

Pills of Phosphate of Iron.

(Used in Charing Cross Hospital, London.)

Take of—

Phosphate of iron		
Extract of colocynth		
Extract of hyoscyamus...of each	gr.	1
Bread crumbs	gr.	2

M.—Make one pill.

Pills of Iron and Quinine, Compound.

(Used at Royal Chest Hospital, London.)

Take of—

Sulphate of iron		
Sulphate of quinia...of each	gr.	½
Ipecacuanha		
Compound squill pill		
Extract of hemlock...of each	gr.	1

M.—Make one pill.

In Phthisis.

℞ Ol. morrhoæ ..... O j
Phosphori ..... gr. j

Dissolve by aid of heat. Dose, one-half to one ounce.

—DR. T. THOMPSON.

Brodie's Liniment for Asthma.

Take of—

Oil of stillingia	drs.	4
Oil of cajeput	drs.	2
Oil of lobelia	dr.	1
Alcohol	oz.	1

Mix.—Bathe the chest and throat three times a day.

Ayer's Sarsaparilla.

Take of—

Alcohol		
Fluid extract sarsaparilla		
Fluid extract stillingia ...of each	fl-oz.	3
Fluid extract yellow dock		
Fluid extract podophyllum, of each	fl-oz.	2
Sugar	oz.	1
Iodide of potassium	grs.	90
Iodide of iron	grs.	10

Mix.

Dr. Pierces' Favorite Prescription.

(HAGER.)

Take of—

Savin	grams	10
Agaric	"	5
Cinnamon	"	5
Peruvian bark	"	10

Make a decoction of 220 grams, and add—

Gum-Arabic	grams	10
Sugar	"	5
Tincture of digitalis	"	2
Tincture of opium	"	2
Oil of anise	drops	8

The gum, sugar and oil to be dissolved in 45 grams of alcohol.

One gram equals 15½ grains.

Athlophorus.

The composition of this mixture is substantially as follows:

Take of—

Sulphate of morphia	grs.	2
Fluid extract colchicum seed		
Fluid extract guaiac resin, of each	fl-dr.	1
Potassium acetate		
Potassium salicylate ...of each	grs.	60
Diluted alcohol	fl-oz.	½

Syrup of squill, sufficient quantity to make 6 fluid-ounces.

Mix by applying gentle heat.

The syrup of squill should be prepared by digesting over night 180 grains of squill root in hot water, sufficient to make an infusion, when strained, of 3 fluid-ounces. In this is dissolved 8 ounces troy of sweet glucose by gentle heat.

—*New Idea.*

BOOKS, PAMPHLETS, ETC.

THE MEDICAL DIRECTORY OF PHILADELPHIA, PENNSYLVANIA, DELAWARE AND THE SOUTHERN HALF OF NEW JERSEY, 1885. P. Blakiston, Son & Co., publishers. Flexible leather binding; 387 pages. Price, $2.50.

As handsome and neat a specimen of the book-maker's art we have rarely seen. In matter, it is much more than a list of physicians. It gives the residence, office hours, place and date of graduation of each, together with mention of any official

position, etc., held. One hundred and seventy pages are given to information concerning medical associations, colleges, clubs, laws, hospitals, asylums, homes, etc., etc. It is wonderfully complete and well arranged. Physicians and druggists in the territory embraced cannot well afford to be without it.

THE PHYSICIAN HIMSELF; by D. W. Cathell, M.D. Cushings and Bailey, Baltimore, publishers. Fourth edition, revised and enlarged. Price, $2.00.

It seems unnecessary to add to the mountain of testimony in favor of this worthy book. Every physician should possess it. After perusal, every one will consider its cost a trifle. Seventy-one pages have been added to former editions, and changes and improvements have been made here and there in the text. Fortunately the type is large and easily read, which, together with the author's fascinating style, makes it hard to lay the book down before being finished.

INSOMNIA, AND OTHER DISORDERS OF SLEEP; by Henry M. Lyman, A. M., M. D. Published by W. T. Keener, 96 Washington street, Chicago. For sale by P. Blakiston, Philadelphia. Price, $1.50.

This is an elegant volume of 229 pages. The distressing condition of insomnia is considered in all its phases. An entire chapter is given to the consideration of the action of remedies in insomnia, and another chapter is given to the treatment of this condition in particular diseases. Dreams, somnambulism and hypnotism, are each considered fully. The work is very interesting. Considering the increasing prevalence of insomnia, the practitioner will do well to give it more attention.

MODERN THERAPEUTICS OF THE DISEASES OF CHILDREN; by J. F. Edwards, M. D. Published by Dr. D. G. Brinton, 115 South Seventh street, Philadelphia,

This is a substantial volume of 346 pages. It is a compilation of information upon the subject from all sources. Dr. Edwards' extensive and familiar acquaintance with medical literature fits him peculiarly for work of this kind. It is a valuable aid to the practitioner in the treatment of diseases of childhood, and everyone knows that this branch of practice is exceedingly important. Many of our best authors do not give enough attention to *treatment*. This book gives the different methods of treatment from various sources. It will pay the practitioner to add it to his library.

THE article in the *North American Review* for April, on "How to Reform English Spelling," not only shows the inconsistencies of our spelling, but how many of them can be done away with without introducing new characters, nor seriously interfering with the present structure of words. Concerted action certainly should be made in this matter. Most of our spelling is without either rule or reason.

It is a curious fact that one of the most famous poems in our language, appeared originally in a magazine that seldom touches poetry at all, and the same periodical, after an interval of sixty-six years, now brings out another poem very similar in theme. Bryant's "Thanatopsis," was first printed in the *North American Review* for September, 1817. The May number of the *Review*, just out, has a poem by Robert Buchanan, on "The New Buddha." The critics found fault with Mr. Bryant's poem on the ground that it was un-Christian; it remains to be seen what they will say of Mr. Buchanan's. The question, "Has Christianity Benefited Woman?" is ably discussed in this number by Mrs. Elizabeth Cady Stanton and Bishop J. L. Spalding. President J. L. Pickard, writes on "Why Crime is Increasing," and David Dudley Field on "Industrial Co-operation," while Prof. Andrew F. West, of Princeton, contributes an article of great clearness and strength, on "What is Academic Freedom?" James Payn, the English novelist, discusses "Success in Fiction," and T. F. Thiselton Dyer "Superstition in English Life." The new department of Comments keeps well up to the standard with which it started.

The Popular Science Monthly for May, is almos a medical number. "Our Recent Debts to Vivi section," "Cholera; its Prevention," "Can Man be Modified by Selection?" and "The Nervous System and Consciousness," are some of the titles.

WE ARE in receipt of DR. DENISON'S CLIMATIC MAPS OF THE UNITED STATES. They are elegant and interesting indeed, but above all, they are useful. They bear the same relation to climatology that Dr. Lewis' chart does to urinalysis. Climatology is now receiving more attention than ever before; and it certainly deserves attention, for many patients to whom medicine can promise little or nothing, climatology can promise everything. In such cases, the selection of a proper climate is of the highest importance. The patient naturally seeks such information from his physician. Every physician cannot be a climatologist, but by the aid of these maps, he can easily give intelligent direction. For further information, address the publishers (see advertisement), or the author, Dr. Charles Denison, Denver, Colorado. Probably a descriptive circular will be sent if this journal is mentioned.

THERE will be issued by the New England Publishing Company, Sandy Hook, Connecticut, during the month of May, a book, entitled: BERLIN AS A MEDICAL CENTRE; by Horatio R. Bigelow, M.D., of Washington, D. C. This book will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be $2.00.

SPECIAL.

NOW THAT summer suns are coming, diseases of the digestive tract will soon predominate. Do not delay making a practical acquaintance with that tried and established preparation, lactopeptine. A sample for trial will be sent free if THE WORLD is mentioned. See advertisement on page xii.

READ carefully the advertisement of Bunn's

Uterine Supporter on advertisement page. It is claimed that it has never disappointed a single physician who has tried it. Send him $1.50 for one, and 14 cents for postage, and report to him result of its use.

THE long-established and reliable firm of B. Keith & Co., have moved from 41 Liberty street, New York City, where they have been for twenty-five years, to 75 William street, New York City. Our best wishes go with them to their new location. The long existence and continued prosperity of this firm is conclusive evidence of the reliability of their preparations.

WHAT is the use of paying $3 or $4 for a thermometer when you can get a perfectly reliable one from a reliable manufacturer, for $1.25? We refer to John Barry's instruments. His name is blown on each thermometer. See advertisement. The flat back prevents rolling from table or desk. Thermometers sent by mail with perfect safety; guaranteed against breakage.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcome by the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth street, New York City. The price is *very* reasonable. Send for descriptive circulars and mention THE WORLD.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free if you mention this journal.

SIX pounds of gluten flour, for diabetics, will be sent free to physicians who will pay transportation. Address Messrs. Farwell & Rhines, Watertown, N. Y., and mention this journal.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

DO not fail to write to J. B. Alden, publisher, 393 Pearl street, New York, and get his hundred-page Catalogue, sent free to those who mention THE MEDICAL WORLD. See advertisement page v. "The Book Worm," monthly, 25 cents per year; send for sample copy. "Choice Literature,"—monthly; 1000 large pages of the most select literature each year; subscription price only $1.00.

DO NOT fail to send your address to Messrs. Geo. F. Laird & Co., 44 Park Place, N. Y., and get a sample of the new preparation, Oleo-Chyle, which will be sent free of all expense.

BE SURE to send a postal-card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent free if WORLD is mentioned.

To physicians not yet acquainted with hydroleine a sample and pamphlets will be sent on application if the WORLD is mentioned. Address Wm. F. Kidder & Co., 83 John street, New York.

READ lower half of page 2 and send to Messrs. Lambert & Co., 307 Locust street, St. Louis, Mo., for recent medical literature on "Preventive Medicine." A sample bottle of lithiated hydrangea will be sent free if THE WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm. R. Warner & Co. for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD. Notice the advertisement of hydrobromate of caffeine.

IT will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who address the Rio Chemical Company, 218 N. Second street, St. Louis, Mo., and mention this journal.

IF you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk free, if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

WRITE to G. W. Lutz & Co., 22½ S. Ill. St., Indianapolis, and get circulars describing the best hypodermic syringe in the market, and other useful instruments.

WHEN writing to Otto Flemming, 1009 Arch St., Philadelphia, for catalogues of electrical instruments, always mention THE WORLD.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

NOTICE is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.
LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
401 South Eighth Street,
PHILADELPHIA, PA.

VOL. III. JUNE, 1885. No. 6.

The Face in Disease.

Much initial information concerning the nature of disease may be obtained by a critical study of the appearance, color and expression of the face. The tell-tale circumscribed flush on the malar bones, points, almost enerringly, to phthisis and pneumonia. In pneumonia of childhood, the lips are also frequently herpetic. In whooping-cough, the face is characteristically puffed and dusky. A congeries of superficial anastomosed capillaries on the cheek indicates cardiac disease, usually valvular insufficiency. Puffiness of the eyelids and pastiness of the face—a "doughy" appearance—are also associated with valvular disease, and with affections of the kidneys. Expansion of the cheeks and of the alæ nasi during expiration of air denotes coma from apoplexy, uræmia, cerebral compression, and also diseases of respiration. In apoplexy, the whole face is usually flushed and congested, (though occasionally pallid); and one or both pupils dilated and motionless, according as the pressure is on one or both hemispheres; in extreme danger, the pupils contract to a pin's point. In concussion they generally remain movable. In syncope, the face is blanched and pallid. In anæmia, leucocythemia and chlorosis, it is waxy or "tallowy." Low fevers are characterized by a dusky, livid-brownish hue.

* * * * *

A pinched, anxious, fearsome expression is present in peritonitis, intestinal obstructions, and retention of urine; and in extreme peritonitis, may be added, an indescribable, "far-off" look in the eyes. A more or less yellow coloring is seen in the face and conjunctivæ in jaundice and other hepatic diseases. A slaty-bluish tinge affects the whites of the eyes when ascarides, or other worms, infest the intestines; and in children, there is frequently excoriation of the alæ nasi and swelling of the upper lip. The upper lip is also frequently swollen in scrofula and tuberculosis. Contraction of the brows, frowning, and vertical furrows between the eyebrows, are often seen in diseases of the brain and its membranes, and in epileptics; in meningitis, the face becomes alternately flushed and pallid; in basilar meningitis, the eyes have a peculiarly slow, rolling, mechanical movement; in epileptic paroxysms and convulsions, the features are distorted, livid, eyeballs staring and pupils insensible to light. The mouth may be drawn to one side, from paralysis of the facial nerve, due to exposure to cold, disease in the temporal bone, or brain affections. The eye of the same side is fixed and open, in paralysis from cold or from disease in temporal bone. In paralysis from brain disease, the eye is unaffected. Frequently saliva runs from the angle of the mouth. The teeth and jaws are firmly clinched in trismus. In tetanus, a horrid smile pervades the features from muscular derangement—*Risus Sardonicus.*

* * * * *

In cholera, the face is muddy and drawn, the lips cyanosed, and the eyes sunken, with contracted and immobile pupils. Drooping of the upper eyelid is symptomatic of impending

paralysis, apoplexy, or, sometimes, hysteria. Cancer imparts a dirty, cachectic, lemon tinge to the skin of the face, with, usually, emaciation. In thoracic aneurism, the veins of the forehead and neck are often prominent, and the face œdematous. In ascites, the features are pinched and careworn, and the countenance imploring and anxious. The eyes are staring, and the lips and face purplish, in paroxysms of asthma. The face is frequently jaundiced from the bites of venomous reptiles. In hay-asthma, the eyes are suffused and congested. In exophthalmic goitre, they are unduly prominent. The presence of "arcus senilis" suggests fatty degeneration of the heart. In typhus fever, the patient looks meaningless and stupid, and often as though intoxicated. Dark circles under the eyes indicate malignant disease, leucorrhœa, uterine disorders and collapse. In diseases of the organs of digestion, the nose often appears pinched and contracted, and a furrow runs from the alæ nasi down round the angles of the mouth. In children suffering from the chronic diarrhœa of tuberculosis, the face is poor, wan and monkey-like, and of an earthy hue; in splenic disease, it is of a dirty, greenish-white color; in congenital syphilis, there is a grayish discoloration of the skin of the face, absence of eyelashes, depression of nasal bridge, and often mucous patches on the lower lip.

* * * * *

In connection with the foregoing observations, it may not be inappropriate to allude to the action of the muscles in producing certain facial expressions. The muscles of the face determine, either by their isolated or combined contraction, the different expressions, and respond to the most simple or complex sentiments. Thus, the occipito-frontalis elevates the eyebrows in admiration or surprise; the corrugator supercilii knits the brow in suffering or pain; the zygomaticus major upraises the commissure of the lips in smiles or laughter; the depressor anguli oris draws it downward in grief or weeping; other muscles contribute to give expression to fear, aggression, anger, irony, etc.; in fine, the minutest phases of our feelings are modeled on the lineaments by the more or less energetic contraction of muscles intimately connected with the integuments, which they contract, expand or divert from their form. But, if some special muscles have a special action in the play of the features, other muscles always assist them when the feelings or sentiments attain more than usual vivacity; thus, the corrugator supercilii can alone produce the expression of suffering, but when the distress becomes more intense, the closure of the eyelids, the expansion of the nostrils, and other familiar signs, prove the simultaneous action and co-operarion of neighboring muscles. By the habitual use of certain muscles in indication of good or evil sentiments, etc., permanent folds and wrinkles become established on the face, and even stamp the nature of the individual.

Cause of the Epidemic at Plymouth.

The cause of the terrrible typhoid fever epidemic at Plymouth, Pa., is at last explained, and it is found to be in perfect accord with the accepted scientific theory of the origin of this disease. Late in the winter a person suffering from typhoid fever, occupied a house about forty feet from the stream that supplies the town with water. The excreta were carelessly thrown upon the snow, and when the March rains came, were washed into the stream. About two weeks thereafter, the epidemic began, and out of a population of between 7000 and 8000, over 1000 have been poisoned, and over one hundred have died.

Drs. Shakespeare and French, of this city, have made a careful investigation into the matter, and have determined that the disease is typhoid fever, and that it was caused by drinking poisoned water. Persons who used water from wells, escaped.

The scourge has rendered the town destitute. The only school-house in the place has been converted into a temporary hospital, and aid of every kind, physicians, nurses, food, clothing, medicine and money, have been generously supplied by this and other cities.

This epidemic will occupy a conspicuous place in the history of typhoid fever; and it

will be another lesson to the profession on this disease—not different from previous ones, but more impressive, perhaps. *Disinfect excreta from typhoid fever patients.* Destruction by burning is the most efficient.

Recent Meeting of the American Medical Association.

The recent meeting of the American Medical Association at New Orleans was a sucessful one. The attendance, about eight hundred, was large considering that the meeting was so far away from the centers of population. Dr. Wm. Brodie, of Detroit, Michigan, was elected President for the ensuing year, and the next meeting will be held at St. Louis, Mo., the first Tuesday in May, 1886.

The Code Interpreted.

At the meeting of the American Medical Association in Washington last year, a committee was appointed, consisting of Drs. N. S. Davis, of Chicago, A. Y. P. Garnett, of Washington, H. F. Campbell, of Augusta, Ga., Austin Flint, of New York, and J. P. Murdoch, of Pittsburg, to give a proper interpretation of the code of ethics. The following is the report, read at the recent meeting at New Orleans:

WHEREAS, Persistent misrepresentations have been and still are being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and some even in the ranks of the profession are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines; therefore

1. *Resolved*, That clause first, of Art. IV, in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

2. *Resolved*, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian, or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

3. *Resolved*, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire Code.

But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession, in the manner indicated by the preceding resolution.

Code discussions have been purposely kept out of these columns, but we give space to the above because it breathes a freer spirit than interpretations usually made heretofore. The first resolution above we are particularly pleased with. We believe that the term "doctor," or "physician," is the highest that can be applied to a medical man; and that any qualification or modification must detract from it. If all would be satisfied with this simple but noble term, then all could work together as one body. Certainly no one would have to give up any part of his freedom of thought or action, for "physician" means one who cures, by whatever means. A mingling together of men of different beliefs and experiences could not be other than beneficial to the whole. Then could not all codes be dispensed with? The only code that is a real benefit is the one that every man carries in his own breast. What need of any other, when false and useless restrictions are washed away?

PHYSICIANS seem to befavorite targets for the arrows of criticism from every source. This is painfully apparent at present in the way in which the physicians of General Grant are criticised and ridiculed. That much of this criticism should come from the medical press is to be regretted. If the gravity of the case was somewhat exagerated, do not all medical men err in this way at times? And is it not much better, in the case of such a distinguished patient, to err on the side of gravity, than to consider the case too lightly? Whatever the different opinions may be as to the diagnosis, the treatment has been judicious, and the result gratifying beyond all expectation. As to the prognosis, we are painfully aware that the General is not a well man yet.

The Current Medical Thought.

Rough on Frauds.

The above title is well deserved by Mr. L. Lum Smith, editor of *The Herald*, of this city. His courage is only equaled by his tact and shrewdness in ferreting out the crooked ways of frauds, particularly of quack doctors and patent medicine frauds. He is doing a good and useful work in making such fearless and successful war upon vileness and dishonesty. Physicians would find many parts of *The Herald* interesting reading, particularly the April number. It is published monthly and only fifty cents a year, single copies five cents. A sample copy will be sent free to physicians upon request. Address 706 Chestnut street.

Impressive Figures.

The comparative probabilities of life for moderate drinkers and total abstainers are as follows: A moderate drinker, at twenty years of age, may expect to live 15.6 years; at thirty, 13; at forty, 11.6; at fifty, 10.8; at sixty, 8.9. The probability for total abstainers is, at twenty years, 44.2; at thirty, 36.5; at forty, 28.8; at fifty, 21.25; and at sixty, 15.285.—*Le Journal d' Hygiene.*

STATISTICS SHOW, it is said, that the mortality of cholera is less among married than among single men. In regard to this, our genial contempory, the Texas *Courier-Record*, wisely remarks: "Prevention of this kind is certainly better than cure; still, wives cannot always prevent their husbands from running off."

Carron Oil.

The old-fashioned remedy for burns, "carron oil," sometimes acts like a charm in obstinate eczema. It consists of equal parts of linseed oil and lime-water, and is a dirty-looking application, but useful.

How to Remove Comedones.

Comedones, or blackheads, may be removed from the skin of the nose and surrounding parts by friction with hot, soapy water, followed by bathing with a lotion consisting of one drachm of carbonate of potash, one ounce of glycerine, and six ounces of water, allowing it to dry on.

Treatment of Gonorrhœa in the Female.

Gonorrhœa in the female, when uncomplicated, is much easier to treat than in the male. The same restrictions as to diet, etc., and the necessity for rest applies equally in both sexes. But the urino-genital remedies—as cubebs, copaibæ, etc.—used in the male, are inapplicable in the female, as the seat of the disease in the male is the urethra, and in the female the vagina. The urine in the female might be strongly impregnated with copaibæ, yet it would do no good, because it would not reach the seat of disease.

Cleanliness and rest are the two all-important factors. The first may be attained by *frequent* and *copious* injections of warm water. Care must be taken to distend the folds of the vagina. The best way to do this is to have the injection made while in the recumbent position; but as it is difficult to get patients to do this, we have often succeeded well by telling them to close the vagina about the instrument by pressing the labia together with the left hand, then by injecting "balloon" the vagina, as it were, then allow the water to come out with a gush. By doing this repeatedly the folds are all cleaned of pus and mucus, and this alone is sufficient to cure in the majority of cases. In the declining stage, the cure is hastened by the addition of astringents, as sulphate of zinc, hydrastis, etc. Permanganate of potassa is also useful; but medicine must not be chiefly depended on; cleanliness, obtained by frequent and copious injections, and rest in the horizontal position are the chief requisites.

The Comma-Bacillus Thirty-Six Years Ago.

Dr. Brittan and Dr. Swayne, two English physicians, observed and described, thirty-six years ago, the identical organism known to-day as Koch's comma-bacillus. An account of it has been unearthed in the *Provincial Medical and Surgical Journal*, under date 1849. The bacilli were found in the vomit and dejecta of cholera patients.

A Suggestion.

Distilled water may be advantageously substituted for ordinary drinking water during the coming hot season, specially by those who fear the cholera. It can be prepared at home, or obtained from druggists at quite a moderate charge; and it improves the flavor of tea and coffee.

An Insufflation for Diphtheria.

Dr. Borel (of Zurich) recommends "the insufflation of a powder, consisting of charcoal, sulphur and nitrate of potash, into the fauces of children suffering from diphtheria." He says it quickly dissolves the false membranes.

[This combination constitutes gunpowder when mixed in certain proportions.—ED.]

For Dysentery and Chronic Diarrhœa.

In Madras, dysentery is treated with a preliminary dose of twenty minims of laudanum, followed, in about an hour, by thirty grains of powdered ipecacuanha.

Three grains of ipecacuanha, given at intervals, is useful in severe chronic diarrhœa, when the patient is kept in the recumbent position.

Cocaine for Neuralgia of the Head and Face.

A Scotch surgeon reports the cure of a severe case of neuralgia of the head and face by the rubbing in of a two-per-cent. solution of cocaine, diluted with an equal quantity of water. Without the addition of water, the application increased the pain.

COCAINE has been found useful in the persistent vomiting of pregnancy, when taken internally.

To Remove After-Taste of Cod-Liver Oil.

A large draught of any artificial ferruginous water immediately removes the unpleasant after-taste of cod-liver oil, leaving a peculiar flavor of fresh oysters on the palate, so pronounced, indeed, as to render the dose of the oil an absolute *bonne-bouche*.

Rational Treatment of Cholera.

At the Antwerp Society of Medicine Dr. Dupont thus summarized the rational treatment of cholera: Envelope the patient in flannel coverings; hot bottles or sand bags to the feet and legs, and alongside the body; mustard leaves to the epigastrium and over the heart; ice in the mouth, and iced sulphuric acid lemonade, if practicable. As a drink, peppermint water, with a few drops of ether and laudanum added to it. At the advent of asphyxia, hot port or other wine, with cinnamon; mustard to the vertebral column; frictions with opodeldoc and eau-de-cologne by means of a flannel pad.

Best Treatment for Soft Chancre.

Dr. Martineau (Professor at the Hospital of Louraine) after reviewing the various methods employed by him in the treatment of non-infecting chancre and bubo—including arsenic, sulpho-carbonic powder, chlorate of potash, calomel, camphor, chloral, Labaraque's solution, pyrogallic acid, potassio-tartrate of iron, resorcin, salycilic acid, iodoform, chloride of zinc, nitrate of silver, etc.—affirms that no treatment has given such general good results as the employment of thermo-cautery, followed by the application of iodoform. The secret of the treatment of soft chancre is to find a means of converting a specific ulcerative process into a simple ulcer, and he asserts that the above method fills the proposition. It is equally efficacious in the treatment of chancrous bubo, if all the ulcerated parts of the surface be attached by the thermo-cautery; the iodoform then rapidly completes the cure.

Morphia and Carious Teeth.

At the French Academy of Medicine, Dr. Combe has made a valuable communication respecting the destructive effects of the persistent use of morphia on the teeth. He has noticed that the victims have not a sound tooth left after a year's addiction to this habit. Cavities rapidly form, and the whole tooth becomes carious and breaks down and crumbles away.

Australian Flax.

The *Therapeutic Gazette* has an article on the use of New Zealand flax in the local treatment of wounds, and quotes Mr. F. A. Monckton, who, in the *Australasian Medical Gazette*, testifies to its marvelous properties in promoting healthy granulations.

[Some years ago a friend sent us a supply of this flax—*phormium tenax*—from Otago, recommending a trial of it for wounds and hemorrhages in general. We found it exceedingly useful as a healing medium, in the form of a strong infusion, notably in the treatment of varicose ulcers. Phormium is an evergreen, herbaceous plant; its leaves yield the strong fibre called New Zealand flax.—L. L.]

ANY subscriber sending the name of a new subscriber, together with the cash, will be entitled to a copy of the chart, "Urine in Disease" upon request. Do not forget to ask your medical friends to subscribe.

A Test for Structural Disease of the Kidneys.

When the internal administration of turpentine, or the eating of asparagus, produces no characteristic odor in the urine, it augurs ill for the sufferer from renal disease, as it points to very significant changes in the kidneys; for the organ is to be judged by its function. Dr. Monin (Paris) thinks that this may be utilized in the diagnosis and prognosis of Bright's disease and other forms of albuminuria.

Cocaine in Parturition.

Muriate of cocaine has been successfully employed in Paris for the relief of the pains incidental to parturition. A four-per-cent. solution, in glycerine and water, is applied to the walls of the vagina, vulva, and the mouth of the uterus. It is claimed that labor pains are thus mitigated without interference with the natural processes of delivery.

Can it be Applied to Human Beings?

It may not be generally known that a little powdered chalk added to the food of a bitch when in heat, lessens excitability and causes the period to pass by without inconvenience and disquiet.

A Nutritive Food.

Seven grains of powdered oyster shells, and twenty grains each of powdered salep, sage, and tragacanth, boiled in a pint of milk, forms an excellent nutritive diet in the chronic bowel complaints of children.

One More Fool is Dead.

"Professor" Odlum jumped from the Brooklyn Bridge, on May 19th, and was killed. The affair was only known to a set of sporting men, and the jump was made so quickly that the police did not have an opportunity to interfere. He held one hand above his head to act as a rudder to guide him through the air, and for nearly one hundred feet he came down feet foremost, but then he began to turn, and he struck the water on his side with great force. He then sank out of sight; when he came to the surface he was rescued, and found to be in an insensible condition. Blood and froth came from his mouth. He was taken on board of a tug and restoratives administered, but he died in a few minutes.

At the autopsy, the following day, the liver, spleen and kidneys were found to be ruptured, and the first, third and fifth ribs were found to be broken, caused by the shock in striking the water. The marks on the body were similar to those found on the bodies of men who have been crushed by the caving in of earth.

The motive of the act was to gain notoriety of the Sam Patch kind. It was to be hoped that the fate of Sam at Niagara would discourage such foolish attempts.

A Student's Joke.

The late Dr. Hope, lecturer on chemistry at the London Hospital, was a very portly man. On one cold winter's morning, after he had delivered a lecture on expansion and contraction by heat and cold, a would-be wag of a student attached to the Doctor's coat tail a slip of paper on which was inscribed: "If heat expands bodies, as Hope has foretold, why doesn't Hope's belly contract with the cold?"

For Night-Cough of Phthisis.

The irritating night-cough of phthisis is much controlled and relieved by placing ten minims each of creasote and spirits of chloroform on the sponge of a respirator and inhaling. Dr. Yeo's inhaler is very convenient for this purpose, and can be obtained for twenty-five cents.

Dr. Richardson's Disinfecting Lamp.

Take an earthenware or metal lamp, fit it up with the cotton wick in the usual way, and then charge it with a mixture of equal parts of common benzoline and of carbon bisulphide. The lamp so formed is lighted in the usual way, and gives off sulphurous acid when burning. The lamp can be moved about from one part of the room to another, into cupboards and closets, and into wardrobes and drawers and boxes, with so much facility that it becomes a most useful means for disinfection.

For Bilious Attack.

Half a grain of calomel, in powder, followed in an hour's time by half a tumblerful of very hot water, with a lemon squeezed in it.

SULPHATE of quinine is readily dissolved by creasote.

Real Beef Juice.

Cut a pound of beef into fine pieces, place it in an empty jar, without water; cover it and stand the jar in a saucepan of water to simmer for about six hours. This simple process will yield about a teacupful of all there is in the beef.

Poisoning by Wholesale.

The trial at Brussels of the woman Van der Linden promises to disclose one of the most terrific of criminal biographies. She is credited with having committed no less than sixty deliberate murders by poisoning, although she is now under prosecution only for the four latest ones. Her chief motive appears to have been the acquisition of the burial allowance of her victims, but in many instances, it is stated, that the crimes were due to sheer "perversity." This, no doubt, is part of the attempt now being made to set up a plea of insanity. The theory that because a crime is abnormally atrocious the criminal must be of unsound mind, is one of the most pestilent fallacies of false philanthropy. Poisoners soon grow to think very lightly of subsequent crimes, if their early experiments succeed. These wholesale poisonings seem the peculiar prerogative of female malefactors. From the days of Locusta and Agrippina, Lucrezia Borgia and the Marquise de Brinvilliers, down to the Liverpool prisoners and this madame Van der Linden, the list is long and might be filled out indefinitely.

Labor and its Sequels.

Labor is a physiological process, but one often attended by pathological features not pleasant to meet. It is readily seen how too early rising, or even getting up to stool, might cause secondary hemorrhage—especially so should there be retained a piece of placenta or blood-clot, or a laceration exist—by inducing a determination of blood to the parts. Even after the danger of hemorrhage is past, the erect posture causes a chronic congestion of the womb, arresting involution which brings on a train of symptoms too numerous to mention. For the same reason the puerperal inflammations are often brought on, and always aggravated by getting up to stool, sitting up, etc., too soon.—DR. J. W. LONG, N. C.

"HALF an hour's boiling, disease-germ's spoiling."

Prevention of Cholera.

Prof. J. G. Richardson, of the University of Pennsylvania, says, that should cholera appear, all food should be cooked to a temperature of 212° Fahrenheit, and all drinking water should be boiled before drinking. The water should be cooled by placing ice about the receptacle in which the water is placed, and not by putting the ice in the water. The observation of these rules, with personal cleanliness, will, to a great extent, insure immunity from the disease.

Cough Remedy.

The following is a good remedy for cough, without opium (which is often objectionable). This preparation is especially valuable in irritating and obstinate coughs, and is a pleasant sedative and expectorant cough remedy:

℞ Bromide potassium	av. oz.	1
Tincture of sanguinaria	fl. dr.	3
Tincture of hyoscyamus	fl. oz.	2
Ether (sulphuric)	fl. oz.	½
Syrup of ipecac	fl. oz.	2
Syrup of tolu	fl. oz.	7
Alcohol	fl. oz.	1
Water	fl. oz.	3

Dissolve the bromide of potassium in the water and mix the solution with the syrups. Mix the alcohol with the ether and tinctures, then add the mixture to the syrups and mix.

Dose, the same as other cough remedies, but may be given freely without injury.—*Weekly Drug News.*

Early Removal of the Placenta.

In the third stage of labor it is a good practice to exert pressure with the left hand over the uterus, in order to aid expulsion of the placenta. The latter is frequently rendered more difficult of removal by allowing it to remain too long, until the os has become firmly contracted, and its subsequent removal entails great pain, often profuse hemorrhage and much unnecessary waste of time. Of course this does not apply to abnormally adherent placentas.

OUR subscription list is now growing faster than ever. We wish to show our appreciation in a substantial way, and for this purpose the details of an arrangement are being made, which will present a real opportunity to our subscribers. Announcement in next issue.

THE injection of iodine is sometimes successful in promoting the absorption of fatty tumors.

Salicylate of Quinine.

Salicylate of quinine is the best agent in the treatment of rheumatic affections associated with uterine derangements, as lumbo sacral and lumbo-abdominal neuralgia. These neuralgias cease during recession of the uterine or ovarian symptoms, only to reappear with increased violence as the congestion of the latter organs returns. Over these cases, salicylate of quinine has a double influence; the acid acts on the sensibility, and the base on the vaso-motor system, as a neurasthenic. In proof of this double action, the salt acts better and more promptly than either the quinine or the acid employed singly, and better than salicylate of soda. It should be used internally in a mixture, and externally as an ointment or pomade.

The following formula is good, and modifies its disagreeable bitterness:

℞ Quiniæ salicylatis..... gr. xv
Jamaica rum..... ℥ j
Syrup aurantii.....ad... ℥ vj

M.—Dose. One tablespoonful before each meal, representing a grain and a quarter of the salt in each dose.

For Gall-stones.

Drachm doses of phosphate of soda are stated to be very useful in gall-stones.

In the discussion as to the deleterious effect of tobacco upon the human system, which has just been started afresh, the case of a Kentucky woman, vouched for by the Cincinnati *Commercial Gazette*, should not be forgotten. She began smoking corn-cob pipes while a young girl, and, persisting in the practice, died at the early age of 110 years!

Twenty-four parts of oleic acid, eighteen of ammonia soap, twenty-four of water, six of stearic acid and three of tanning extract, incorporated together, will render leather completely water-proof.

As an excipient in the preparation of pills of permanganate of potassium, unguentum resinæ is far preferable to kaolin, easier to manipulate, and softer when dry.

The *Index Medicus* is now published by Mr. Geo. S. Davis, of Detroit, Mich.

In those burns where extent of surface and depth are combined, death will usually occur without reaction.—Dr. Gross.

Thoughts of Leading Medical Thinkers.

If all physicians who know better would decline temporizing interference in hyperplasia of the tonsils, excision—a safe, and the only known scientific procedure in such cases—would soon become popularized, and an immense amount of suffering and ill-health would be prevented by its timely use.—J. D. Smith.

Belike there *is* a period in the course of disease in the which counter-irritation would do much good; to be able to say *when* indicates power of discrimination not possessed by all. If in doubt, don't do it.—S. W. Caldwell.

Let the colleges and hospitals teach medicine, but let the physicians of each State decide who shall practice in their respective States.—J. M. Taylor.

Without self-culture, and the thoughtful investigation of the clinical facts which come under the observation of the young physician, advance in the true knowledge of his profession is hopeless; and medical reform, (legislation) be it ever so carefully planned, will, when obtained, be but a barren victory.—Lombe Athill.

In the West Indies I have met with a dozen, principally Coolie girls, who have given birth to children without previous menstruation.—Wm. Duncan.

The insane should be spoken to, under all circumstances, candidly and truthfully, if at all. There is no excuse for deception or prevarication. Silence is a far better alternative whenever the truth had better not be spoken.—Orpheus Everts.—*Miss. Valley Med. Monthly.*

For Ringworm of the Scalp.

Ten grains of iodine, dissolved in an ounce of turpentine, forms a solution eminently successful in the treatment of ringworm of the scalp, after the parts have been thoroughly washed and cleaned. It is a painless application, and may be employed at any age and to any part.

Curability of Consumption.

There is nothing more baneful than the idea that phthisis is incurable. It shuts out all honest attempt to do everything possible, and to make every sacrifice to promote arrest and cure. I well remember in my student's time, when phthisis was considered as mostly incurable, how the name of the disease was withheld from the patient's knowledge; how depressed he be-

came when he found it out; how he regarded himself doomed, and sometimes killed himself by poison or debauchery. I remember also the joy amongst the younger medical generation, and the public, when a more hopeful view developed itself, and the readiness to submit to every sacrifice and to long expatriation, with a fair chance of recovery.

The portions of lung which are already destroyed before the treatment has commenced cannot be restored; but experience has shown to us that life, with a fair capacity for work and for enjoyment, can be maintained after a loss of a good part of the lungs, and that the remaining part, if sound, can be rendered capable of doing the ordinary life-work of both entire lungs; though it must always remain unfit to perform the extraordinary duties which can be occasionally demanded from the combined power of both lungs in perfect health.

That even the presence of a cavity does not preclude a cure, more or less complete, all the best observers have proved. In some cases the formation of a cavity is even favorable, provided the infectious contents can be thoroughly evacuated, and a fibrous zone of demarcation be established between the cavity and the surrounding healthy tissue. The tendency to fibrous change in this, as in all other processes of phthisis, is one of the most powerful agencies towards prolongation of life, and, in many cases, towards arrest and cure of the disease.—Dr. HERMAN WEBER, London.

The Race of Life.

The following is taken from a sporting contemporary, and is certainly unique in its way:—

"If one could see a million babies start on a journey (all scratch the mark, of course), and could follow them through life, this is about what he would see. Nearly 150,000 of them drop out of the ranks by the end of the first year, while twelve months later the numbers would be further thinned by the deduction of 53,000 more; 28,000 would follow at the end of the thirteenth year. They would throw up the sponge by twos and threes until the end of the forty-fifth year, when it would be found that in the intervening period something like 500,000 had left the track. Sixty years would see 370,000 grey-headed men still cheerfully pegging away. At the end of eighty years the competitors in this great 'go-as-you-please' would number 97,000, but they would be getting more shaky and 'dotty' each lap. At the end of ninety-five seasons 223 would only be left in the final 'ties,' while the winner would be led into his retiring-room, a solitary wreck, at the age of one hundred and eight. There is something grimly humorous in the quaint array of figures, but they are founded upon statistics carefully compiled. One cannot help wondering what would be the betting at the start about any one of those million babies coming in alone at the one hundredth lap of the great and mysterious track upon which the race of life is run."

Suggestive Symptoms.

Nausea and vomiting are frequent symptoms in pregnancy, stone in the bladder (male or female), diseases of the ovaries, uterine fibroids, calculus in the ureter, and frequently as results from a blow on the testes.—FOTHERGILL.

Removal of Chloasma.

Chloasma (*pityriasis versicolor*) may be readily removed by the application of equal parts of sulphurous acid and glycerine.

Changeable Color of Hair of Epileptics.

A remarkable periodical change in the color of the hair has been noticed in some persons who are subject to epileptic seizures.

Ergot for Night-Sweats.

Prof. Da Costa recommends ergotine, two grains, three times a day, in phthisical and other night-sweats. He considers it preferable to atropine.

For Toothache and Earache.

Many forms of toothache may be promptly and pleasantly relieved by chewing cinnamon bark. And cotton, soaked in two parts of chloral, ten parts of oil of almonds and sixteen parts of glycerine often allays earache.

For Corns and Bunions.

Corns and bunions may be helped, and oftimes removed, by the constant employment of oleate of copper, spread as a plaster.

TINEA VERSICOLOR, or chloasma, will yield rapidly to a few applications—sometimes to one—of chrysophanic acid ointment ʒj to ℥ j.

Don't Give Bitter Quinine.

One and a half grains of tannin will neutralize the bitterness of ten grains of sulphate of quinine.

Constituents of Cod-Liver Oil.

The principal constituents of cod-liver oil are: oleic and margaric acids and glycerine, with a small proportion of phosphorus, iodine, bromine, chlorine and lime, and traces of acetic, sulphuric and biliary acids.

Friar's Balsam.

Dr. Deville (England) lauds Friar's Balsam (tinct. benzoin compound) as a dressing for wounds, and, internally, for affections of the mucous membrane. He thinks that it promotes union by the first intention, and prevents phlegmonoses, erysipelas and inflammations of synivial sheaths, veins and lymphatics.

Electricity for Criminal Purposes.

In an article on death by electricity, the *British Medical Journal* remarks, that it is, unfortunately, only too possible that electricity, when made still more portable and manageable than it is at present, could be used for criminal purposes, so that men may, at no distant period, go about with as much fear of being electrified to death by malefactors, as crews of men-of-war already dread torpedo boats.

Was General Grant's Disease Caused by Smoking?

It has been distinctly reported in several journals that General Grant is suffering from cancer of the tongue caused by smoking. A little knowledge of pathology is sufficient to demonstrate that smoking cannot cause cancer, although the irritation of a pipe sometimes sets up ulceration of the lip, which, when of very long standing, may become cancerous, provided that the patient has a hereditary tendency to cancer. There is no evidence whatever that cigar smoking causes cancer of the tongue. Mr. Butlin, the author of some of the most recent observations and statistics on cancer of the tongue, has shown that the proportion of men to women suffering from that disease is nearly six to one, but that it occurs in men who neither drink nor smoke, whilst it is as rare among women of the most masculine habits as among other females. Even the irritation of a broken or decaying tooth can only be an occasional exciting cause, since this condition is as common among women as amongst men, whilst cancer of the tongue is, fortunately, rare out of all proportion to cases of decayed teeth. There can be no doubt that a man with a tooth irritating his tongue, ought to have it removed. It is equally certain that no smoker who has a sore on his tongue ought to persist in the use of tobacco until that sore is cured. But the risk of cancer through smoking is so infinitesimal, as to be perfectly useless as an argument for the anti-tobacconists.—*British Medical Journal.*

Lily of the Valley in Heart Affections.

Germain See considers "muguet" (lily of the valley) a convenient and well tolerated agent in the treatment of certain heart diseases, as it is neither cumulative, like digitalis, nor does it invalidate the digestive functions, so that it is capable of prolonged usage. In over two hundred cases he has seen it sustain the contractile force of the heart, regulate its rythm, lessen palpitation and facilitate respiration and excretion of urine. He does not approve of the infusion, but gives preference to the aqueous extract, of which he administers about 24 minims in the twenty-four hours, reducing the dose or suppressing it, when intestinal irritation supervenes. In these cases he substitutes *convallamarin*, in doses of from half-a-grain to one grain dissolved in slightly alcoholized water (reducing this dose for children). He employs this in valvular diseases, angina pectoris, palpitation, and hypertrophy not dependent on mechanical origin. Headache, dependent on cardiac trouble, also yields to this treatment. To produce good effects, it is only necessary to administer it for a sufficient length of time.—*Comptes Rendues de l'Academie des Sciences.*

A Curious Propensity.

In the Dublin Zoological Gardens, a lioness has had to be destroyed, owing to self-mutilation. She commenced gnawing off pieces of her caudal extremity, and gradually demolished the whole tail. Dogs, horses and monkeys, have not infrequently displayed the same propensity; bitches and cats devouring their young, and monkeys their tails. Dr. Foot (Dublin) compared this affection to the biting of the nails in human subjects, and thinks it suggestive of commencing "hysteria." At the post-mortem examination of the lioness, a degeneration of the ovaries was discovered.

CLASS-ROOM NOTES.

[FROM THE "COLLEGE AND CLINICAL RECORD."]

—As a useful prescription in common colds Prof. Bartholow offers the following:—

℞ Codeiæ..... gr. j
Syr. scillæ comp.....
Syr. tolu.....āā... f℥ ss

M.—Sig. A teaspoonful pro re nata.

—For gastric vertigo, with disturbed circulation, Prof. DaCosta administered, in the case of a man—

℞ Argenti oxidi..... gr. ss
Ext. hyoscyami..... grs. ij

M.—Sig. In pill form, ter die.

He also prescribed pepsin at meals.

—For the diarrhœa often attendant upon puerperal cepticæmia, Prof. Parvin recommends the following:—

℞ Ol. ricini..... ℥ j
Tinct. opii.....
Ol. terebinthinæ.....āā... gtt. v

M.—Sig. Take pro re nata.

—As an anti-hemorrhagic combination, Prof. Bartholow speaks highly of—

℞ Ext. ipecac. fluid..... ℥ ij
Ext. ergotæ fluid..... ℥ iv
Ext. digitalis fluid..... ℥ ij

M.—Sig. Thirty minims to a drachm at a dose, pro re nata.

—Dr. O. P. Rex, Physician to the Hospital, prescribed for a man with a mitral regurgitant murmur, the following:—

℞ Pulv. digitalis..... gr. ⅓
Ext. belladonnæ..... gr. 1-12
Ext. gentianæ..... q. s.

M.—Sig. In pill, ter die.

—A man suffering with attacks of epileptiform tic douloureux, dependent, as was thought, upon an exostosis, was placed by Prof. Bartholow on—

℞ Potassii iodidi..... ℈ j
Sodii bromidi..... ℈ ij

M.—Sig. Bis die.

—In habitual constipation the following pill will be found of value (Prof. Bartholow):—

℞ Resinæ podophylli..... grs. vj
Ext. belladonnæ.....
Ext. physostigmatis.....āā... grs. iij

M.—Ft. pil. num. xij. Sig. One pill each night.

—Prof. Bartholow, at the clinic, advises, in the treatment of locomotor ataxia, nitrate of silver and the chloride of gold and sodium, preferring the latter remedy, since it is more serviceable and less risky. The dose of auri et sodii chloridum should be one-twentieth of a grain three times a day, long continued.

—A man suffering with acute dysentery was advised by Prof. DaCosta to take an opium suppository, one grain at morning and at night; also—

℞ Plumbi acetat..... grs. ij
Ipecacuanhæ.....
Pulv. opii.....āā... gr. ¼

M.—Sig. To be taken every second hour until blood disappears from the stools, then to be used less frequently.

—In a man, aged 60, suffering from great dyspnœa and palpitation consequent upon cardiac hypertrophy with aortic stenosis, Prof. DaCosta advised—

℞ Tinct. veratri viridis..... gtt. iij
Syr. zingiberis..... ℥ j
Aquæ..... ℥ j

M.—Sig. Two fluid drachms to be taken until palpitation is overcome; then discontinue its use.

—In the case of a man 58 years old, suffering with chronic arteritis, Prof. Bartholow prescribed—

℞ Ammonii carbonat..... grs. v
Liq. ammonii acetatis..... f℥ ss

M.—Sig. To be taken three time a day, for some months.

In addition, he was advised to take, for his general condition, a drachm of compound syrup of the phosphates, three times a day.

—In a case of gastro-intestinal catarrh, secondary to a condition of cirrhosis of liver, Prof. Bartholow prescribed—

℞ Creasoti..... ♏ j
Bismuthi subnitrat..... grs. xv
Glycerini..... f℥ ss

M.—Sig. Three times a day, with milk diet.

To check the hyperplasia of the connective tissue—

℞ Ol. phosphorati..... gtt. j–ij
Mucilaginis..... q. s.

M.—Sig. To be given after the stomach has regained its former condition.

—A man, aged 65, suffering from a local chronic meningitis, due to a fall, and of seven years' duration, was placed upon the following treatment by Prof. DaCosta:—

℞ Acidi hydrobromici..... ℥ ss
Syr. simplicis.....
Aq. destil.....āā... ℥ j

M.—Sig. Three times a day; the dose of the acid to be increased to one drachm, three times a day.

Purgation was indicated, and to this end was given—

℞ Podophyllin..... gr. ¼
Aloes.....
Ext. hyoscyami.....āā... gr. j

M. et ft. pil. num. 1—Sig. One each night.

—Prof. Bartholow recommends the following

as a non-irritating preparation of quinia for hypodermatic use:—

℞ Quininæ hydrobromat..... grs. xlviij
Aq. destil..... ℥ ss

M. Dissolve, and by heat if necessary. (Twenty minims contain four grains).

—Prof. DaCosta prescribed, for a woman complaining of constipation and dyspepsia, the following:—

℞ Ext. belladonnæ..... gr. 1-16
Strychninæ sulphat..... gr. 1-60
Pulv. aloes..... gr. 1-10
Olei cajuputi..... gtt. j
Ext. gentianæ..... q. s.

M.—Sig. One pill three times a day.

—For chronic rheumatism in an anæmic woman, in whom the joints of both hands were stiff and swollen, together with the large joints of the body, Dr. J. C. Wilson, of the medical clinic, prescribed—Ol. morrhuæ, ℥ ss, twice a day; flannels to be worn next the skin, and—

℞ Mist. ferri et ammonii acetat..... f℥ ss
Strychninæ sulphat..... gr. 1-48

M.—Sig. To be taken three times a day, after meals.

—For a young woman, aged 30, suffering from hæmoptysis, consequent upon incipient phthisis, Prof. DaCosta gave—

℞ Acidi sulphurici dilut..... gtt. v
Morphinæ sulphat..... gr. 1-48
Elixir simplisis..... f℥ ss

M.—Sig. To be taken as required.

She was also directed to take arseniate of sodium, one-fortieth of a grain, three times a day, after meals.

—Prof. Bartholow, for a case of frequent epistaxis, occurring in a young man of twenty-five years of age, recommended the following prescription, to maintain the tonicity of the blood:—

℞ Ergotæ (aq. ext.)..... grs. ij
Ferri sulphat..... gr. j
Ext. nucis vomicæ..... gr. ¼

M.—Sig. In pill, three times a day.

—In the case of a young man, aged 21, suffering from a well-marked attack of chorea, that could not be linked to any history of rheumatism, but possessing, as did his father, a most irritable temperament, to which Dr. Rex attributed the cause of the trouble, he prescribed—

℞ Potasii iodidi..... grs. vij
Ext. cimicifugæ fluid..... gtt. xx
Syr. sarsap. comp.....
Aquæ.....āā... ℥ j

M.—Sig. To be taken three times a day.

"A FEE in the pocket is worth two in the book."—*Med. Chronicle.*

Ventilation.

There are many houses in which ventilation is almost wholly neglected during the cold weather. Double windows and doors shut out the little air that might find its way into the house through the single sashes, and the house dwellers grow very remiss about opening the windows at all. The confined and heated air soon becomes foul, and the slightest taint of sewer gas, which, in summer, would do little harm, becomes a powerful promoter of disease. The greatest care should be taken to prevent the escape of coal-gas from stoves and furnaces, and to avoid the over-heating of rooms. No living room should be without a thermometer, and every room in use should have fresh air every day, and as much sunshine as can possibly be admitted. The present fashion for window hangings, which demands such curtains, shades, shutters and draperies, often of dark, heavy stuffs, is as unsanitary as it is inartistic. Windows were intended to admit light and air, and if they are to be smothered in draperies, there remains no excuse for their existence, except the very unworthy one of affording people in the street a view of the richness of their decorations.—*Sanitary News.*

Fecundity vs. Mosquitoes.

[From the London Medical Student.]

A gentleman traveling in the low lands of Arkansas, was surprised to find a great number of children at the different houses which he passed. Stopping at a house where a numerous progeny seemed to abound, he inquired of its maternal guardian for the cause of this universal prolificness. "Oh! my dear sir," she answered, "the mosquitoes are so bad in this country that we folks can't sleep at night."—*Indiana Medical Journal.*

Green Hair.

A peculiarity of a worker in German-silver spoons is the color of his hair. Years of labor in the trimming or buffing room of a spoon factory dyes the hair of the operative a pale green, which it takes years to change. Aside from the disagreeable and remarkable dye, the manufacture is extremely dangerous. The principal part of the composition of German-silver is copper. The fine emery wheels used in trimming and shaping the spoon fill the air with minute particles of this noxious poison that soon fills the lungs and causes a disease similar to consumption. To escape this a sponge is worn over the nostrils of the workman.

Patent Office Notes.

311,930.—*Medical Compound.*—By Joseph Weller, Wexlertown, Pa. Consists of confection of senna, pulverized Tinnevelly senna, cream of tartar, sublimed sulphur, crude antimony, white agaric, saffron (*Crocus orientalis*), distilled oil of white pine, tincture of uva ursi, nitric acid and fluoric acid.

311,884.—*Medicine for Croup, Diphtheria, etc.*—By Gustaf Erickson, and William Lindblom, Des Moines, Iowa. Consists of quassia, sarsaparilla, extract of licorice, capsicum, white sugar and water.

312,131.—*Eye-water.*—By Marie M. Lamontagne, Montreal, Quebec, Canada. Consists of water, sugar of lead and castor oil.

312,132.—*Cough Remedy.*—By Marie E. Lamontagne, Montreal, Quebec, Canada. Consists of honey, water, spruce gum dissolved in alcohol, olive oil and spirit of peppermint.

312,953.—*Medical Compound.*—By Robert Baumann, Cincinnati, Ohio, assignor of one-half to Emil Schmid, same place. Consists of alkanet, socotrine aloes, Spanish saffron, gum-olibanum, gum-myrrh, gum-benzoin, gum-camphor, oil of lavender, cologne, grain-musk, tincture of cinnamon and alcohol.

313,369.—*Solution of Acid Phosphates.*—By Carl V. Petraeus, Camden, N. J., assignor to the United States Chemical Co. A combination of phosphate of soda and phosphoric acid, consisting of dihydrogen, sodic phosphate, phosphoric acid and water.

313,956.—*Remedy for Chicken-Cholera.*—By George W. Ross and James D. Ross, Boonsville, Texas, composed of Cayenne pepper, may-apple root and blue vitriol.

314,212.—*Remedy for Dyspepsia.*—By James E. Wright, New York, N. Y. Consists of aletrin, hydrastin, oil of xanthoxylum, lupulin, gum-acacia and extract of gentian.

314,477.—*Vermifuge.*—By Addison Regan, Glenmore, Ga. Half a bushel of China berries (Smilax China) and one barrel of boiling water are mixed and left until sour. Half a barrel of corn meal and one barrel of boiling water are mixed and allowed to stand for fifty hours. Then half a barrel of cold water is added and this latter mixture allowed to commence fermenting. In ten days the two mixtures are united and distilled over a slow fire, and then filtered through charcoal. Dose, one to two teaspoonfuls.

314,545.—*Hog Cholera Remedy.*—By Diedrich Schulte, Pittsburg, Kan., assignor of one-half to Robert Voeth, same place. Consists of tartaric acid, assafetida, sulphur, black antimony, arsenic, tar and linseed oil.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Obviously it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way: and we want downright facts at present more than any thing else.—Ruskin.

Can Measles be Carried by a Letter?

Editor Medical World:

I was called April 8th, 1885, to see Mrs. A., suffering with a bad cold and an eruption.

When I arrived I found her temperature to be 102°, with considerable bronchitis, the conjunctivæ very much injected she could not endure the light, and the body was covered with lenticular rose-colored spots. I pronounced it measles. Mrs. A. and her husband said it could not be measles, for they had no chance to get it. No one had been at their house and they had not been away from home, and there were no measles in the county. Upon close inquiry I found that Mrs. A's sister was in Charlotte (distance twenty miles), and was sick with measles: but there had been no passing nor communication, except one letter written by her sister as soon as she was able to sit up a little. And I found that just nine days from the day she received the letter she went to bed thinking she was taking a cold, and four days from the day she went to bed the eruption appeared and I was sent for and called it measles. There were five children in the family and within two weeks all were in bed with the eruption. It was something new to me, and I give it to the readers of The Medical World for what it is worth. I like The World. I get more information out of it than I do from my more expensive journals.

J. S. Lafferty, M. D.

Springville, N. C.

Editor Medical World:

Will you be kind enough to give the formula for "Dalley's Pain Extractor?"

H. L. Cokenower, M.D.

Clarinden, Iowa.

A Successful Treatment for Tape-Worm.

Editor Medical World:

Believing that many of your readers would be interested in the above subject, I offer a

few practical suggestions, which, if rigidly carried out, will certainly prove an infallible remedy in the hands of any clear-headed physician, for the removal of tænia solium.

In the first place, it is necessary to prepare the system for the reception of the medicine, to be sure that the medicine is brought in direct contact with the head of the worm.

This I regard of more real importance than the mere selection of anthelmintics, and to this alone is due the success with which I have met, having removed within the past eighteen months as many as three full-grown tape-worms.

My last patient is a native of your State. Mr. C., a mineralogist by occupation, had been a sufferer from this cause for three long years, notwithstanding the fact that he had been under the treatment of various eminent physicians, among whom was Dr. H., of North Carolina, who makes the removal of tape worm a special feature in his practice. The latter gentleman succeeded in removing a portion of the worm, but it proved to be merely a piece of the tail end, which was soon replenished and the worm became himself again.

The patient, although a very intelligent man, was fast bordering on that fearful disease known as hysterical mania. He believed that he was a doomed man—doomed to eternal sufferings. He related many startling tales of his past sufferings, caused by this terrible monster within. The midnight screams of "nightmare" were but shadows in comparison to the real endurance of the suffering caused by the constant gnawing and boring going on within his own bowels.

I am glad to be able to state that this patient now, three months after the removal of the worm, is in good health and has a sound mind. The worm measured at the time of removal, twenty-eight feet, three inches in length, and consisted of 802 segments, which is the longest specimen that I have ever seen in America.

To be brief, I now present my plan of treatment: First, see your patient very early in the morning and administer one sedlitz powder in a wine glass of tepid water, before anything else is taken upon the stomach. Direct your patient to eat nothing of a solid character for the space of sixteen hours. Confine him strictly to one tablespoonful of warm sweet milk every two hours. At the expiration of four hours, administer another sedlitz powder as before. One hour later prepare an emulsion of equal parts of sulphate of magnesia and powdered gum arabic, and a sufficient quantity of cinnamon water to make two ounces, and give one tablespoonful every thirty minutes until the entire amount is taken. You may now direct a linseed meal poultice to be applied to the abdomen, and renewed every thirty minutes until the bowels become quiet. At the expiration of thirty minutes from the administration of the last dose of the emulsion, proceed *with your own hands* to administer the following:

Take of—

Fluid extract of male fern.....	dr.	2
Pure glycerine.....	"	2
Powdered acacia.....	"	1½
Cinnamon water.....to...	oz.	2

Mix thoroughly.—Dose. Half of the quantity. Repeat in four hours if necessary.

I submit the above to the profession and hope it will prove an infallible remedy in the hands of all who may give it a thorough trial.

B. C. KEISTER, M.D.

SOUTH BOSTON, Va.

Prolapsus Funis.

Editor MEDICAL WORLD:

I feel sorry for Dr. Yager being blamed by his patrons for what could not be averted, as perhaps all cases of prolapsus funis are of necessity fatal to the child.

The writer is seventy-six years old, has had a very large practice of midwifery for more than forty years, and still attends some cases. I have seen some five or six cases of this accident. In one I tried Prof. Meigs' plan of taking a cotton bandage and cutting it into pieces three or four inches long, doubling down both ends on one side and having them sewed so as to make a little pocket, then putting one of them under the cord and slipping both of the little pockets on the end of a male silver catheter and pushing it up as high as possible, and then another, until it is all pushed up over the head. I tried it, but it would come down as fast as I pushed it up, and strong, bearing-down pains came on and the head descended, filling up the pelvic ring, and, of course, pressed the cord and stopped the pulsations.

In the next case I tried the bag method. Have a bag or pocket large enough to hold all the cord; turn the hem down outside the bag and sew it. I then took the rib of an old parasol, slipped it under the hem and pushed it up as high as I could. I left it to give a teaspoonful of ergot to bring on the pains, and, when I stepped back to the bed, I found bag and all lying on the bed.

I pushed it up again and held it there until bearing down pains came on; the head descended, filled up the pelvic ring, and in a few minutes the baby was born alive.

But in Dr. Yager's case there was no head to

descend, as it was a foot presentation, and, of course, hopeless. The above case is the only one I have saved, and I think it was the parasol rib that did it; the catheter is too short. If any of your readers know of a better plan, I wish they would publish it in THE MEDICAL WORLD. B. F. DUNKLEY, M.D.
DUNKSBURG, Mo.

———o———

Prolapsus Funis Again.

Editor MEDICAL WORLD:

The only practical method of retracting the cord in such cases is, where possible, to introduce the hand and rotate the child on the short axis, thus winding the cord around the body of the child. I. H. STEARNS, M.D.
BATTLE CREEK, Mich.

———o———

What is Their Secret?

Mr. Editor:—There are certain specialists or charlatans near here who claim to have struck a bonanza in the treatment of rectal diseases. They guarantee "cures by a process sure, safe, permanent, and almost painless." "The old and barbarous treatment by the knife, ligature, caustic, hypodermic injections of carbolic acid and other dangerous remedies entirely discarded."

Their success in hemorrhoids, they claim, is from a combination of salicylic acid, sweet spirits of niter and refined fish-oil used hypodermically.

Please favor me, through your valuable journal, with your opinion of their treatment, etc. Also please give sufficient notice through your journal to agitate the subject so that their discoveries may relieve suffering humanity the world over, or that their fraud, if such it be, may be exposed so that their credulous victims shall be warned.

N. A. C. MACKIE, M.D.
CHANDLER, Texas.

[It is generally thought, and perhaps true, that the treatment of hemorrhoids by carbolic acid injections was originally a secret mode of treatment by traveling quacks. If this is true, it is one of the very few instances in which a valuable mode of treatment was discovered and first practiced outside of the profession. In regard to the inquiry made above, we know nothing about the persons referred to, nor the methods of treatment pursued by them; but it is not probable that they have greater knowledge and skill in the treatment of rectal diseases than the regular medical profession.—ED.]

Digestive Chart.

The following chart is contributed by Dr. W. H. Ten Broeck, of Paris, Illinois. He says: "Dr. J. Milner Fothergill states that fats are not hydrated; but although I consider him our best authority on digestion, it is more natural to think that they are. However, that will give the readers of THE WORLD a chance for discussion."

DIGESTIVE CHART.

	CHANGED BY	SECRETED IN	TO	IN MEDIUM.	BY	THEN	STORED UP AS
STARCH	Ptyalin. / Diastase.	Mouth. / Pancreas.	Dextrin and Grape Sugar.	Alkaline.	Hydration.	Absorbed and De-hydrated.	Glycogen
PROTEIDS	Gastric Juice. / Trypsin.	Stomach. / Pancreas.	Peptones.	Acid. / Alkaline.	Hydration.	Absorbed and De-hydrated.	Proteids.
FATS	Emulsive Ferment. / Bile.	Pancreas. / Liver.	Emulsion.	Alkaline.	Hydration.	Absorbed and De-hydrated.	Adipose Tissue.

Diastase acts most energetically if the medium be at first alkaline, and gradually changes until it becomes acid; and trypsin, if the medium be acid; but in order that diastase, trypsin, the emulsive ferment, bile and the intestinal juices, act in harmony, it is necessary that the medium be alkaline.

A small amount of fat is digested by the saliva and absorbed through the walls of the stomach.

Treatment of Pneumonia.

Editor MEDICAL WORLD:

Pneumonia not only seems to be one of our most prevailing, but one of our most fatal diseases. Our own profession, of late, has furnished its share of victims. I am glad to see its treatment so freely discussed in THE WORLD by Drs. Griffen and Douglas. By comparing notes we can be of great service to our patients and to each other. I approve of Dr. Griffin's treatment in part; I cannot but think, however, that we have made some advance in the last thirty-five years. I commence my treatment by giving a cathartic, being governed in this by the age and condition of the patient. Sometimes I give calomel and at other times a saline cathartic; by doing this I remove from the bowels any foreign substances which they may contain, reduce temperature, relieve head and avoid vomiting or tendency to it; also prepare the system for a better assimilation of the medicines with which I follow my cathartic. This depletes the patient enough without resorting to venesection. I then commence the use of veratrum viride, fluid extract; dose from one to two drops every half hour. I also give small doses of morphia, just enough to control the pain. Locally, I apply a mustard plaster until the skin is thoroughly reddened, and obtain its stimulant effects. Should the veratrum produce much nausea, I give a Dover's powder, which usually allays the unpleasant symptoms. As soon as the disease reaches the second stage, or stage of red hepatization, I discontinue the veratrum, for then ischæmia and over-distension of the veins exist, a state of things which would only be increased by cardiac sedatives. I now commence the use of quinia, which, if the temperature remains high, I give in scruple doses. Continue morphia, if necessary. If the temperature is not high I use stimulant doses of quinia, three grains every three or four hours. I also give carbonate of ammonia, which acts as a stimulant and guards against the viscid secretions being poured out into the air sacs and bronchioles. I continue this plan of treatment to the crisis. I never have used cold baths or cold packs. I avoid exposing my patient to cold draughts of air. As the period of crisis approaches, I watch my patient closely, for the exhausting discharges may tax too severely the vital powers. I then, if necessary, increase the amount of stimulants, whisky or brandy and ammonia; by doing so the life of the patient may frequently be saved. At this stage I usually blister, as I think it promotes absorption. From this on to recovery I give iodide of iron and the hypophosphites. If the pulse is weak, and there is relaxed and sweating skin, turpentine, in small doses, is very useful. The nourishment, which is of the greatest importance, I commence from the first and continue systematically every three hours, not waiting for depression to come on. I rely mostly on pure cow's milk, unless there are good reasons for not using it. Beef juice, eggs, wine whey, chicken and mutton broths. Alcoholic stimulants I use from the first, but they must be used with a great deal of discretion.

S. J. MURRAY, M.D.

BROOKLYN, N. Y.

Treatment to Prevent Secretion of Milk.

Editor MEDICAL WORLD:

I have received the chart and proffer thanks for the valuable supplement.

Permit me to give treatment to prevent secretion of milk:

1—Purge with sulphate of soda, Rochelle salt or sedlitz powder.

2—Apply camphorated linseed oil to the breasts, and cover with thick cotton wadding.

3—A five-ounce mixture with seventy-five grains of iodide of potassium, a large tablespoonful to be given night and morning.

This, from a well-known physician of Paris, has often been of good use to me.

D. TUREAND, M.D.

NEW ORLEANS, La.

Closed Urethra in the New-Born.

Editor MEDICAL WORLD:

You have requested me as an old physician to give to the profession some of the anomalies in a long practice of thirty-two years which will not be found in the text books. But similar cases may possibly have occurred to other physicians.

Case No. 1.—This was of a child born to Mr. S. in this city. It was a footling case, and every thing passed off reasonably well—at all events with the mother, who convalesced rapidly, every thing considered. But what I wish to speak of particularly is the child. I would state here, for the benefit particularly of new beginners, that I make it a rule to visit my patients once every day and sometimes oftener, according to circumstances. Upon my visits I was particularly struck with the child's constant crying, until it became to me a cause for inquiry of the old nurse, who invariably answered that the child was all right, its bowels have moved, also urinated, etc. But as this almost incessant crying was annoying to the mother as well as to myself, I ventured to

examine it for myself (for remember, brother doctors, that nurses consider themselves as good physicians as we are ourselves). I found that the babe had not urinated; in fact could not, from the fact that the meatus urinarious was completely closed, and the poor baby's scrotum and abdomen were almost black from the over-distended bladder by the large amount of urine secreted in four days. Upon finding this condition I had nursy to look. She knew the child had made plenty of water, etc. I took out my bistoury and incised the membranes closing up the meatus when I expected an immediate flow of urine; but not so. I then introduced a very fine French catheter, but still no flow. Then as my last resort I put the babe into very warm water, when I was pleased to see the urine flow freely, and as a consequence the child at once stopped crying. I would say that had I — as I have done many hundreds of times — washed and dressed the child myself, I would have discovered the defect at first. I. R. SHAMMO, M. D.

PHILADELPHIA, 763 S. Ninth street.

Menstruation.

Editor MEDICAL WORLD:

I have supposed that the philosophy of the menstrual function was satisfactorily settled in all medical minds. To formulate my idea in a few words: In conception, the man furnishes a representation of a human soul, and the woman builds a body around it. She is, while of proper age, always prepared for this work, a certain portion of blood being set apart for this purpose. If there is no fœtus present, this is periodically wasted. The loss of blood in each case simply represents what might have gone to nourish her offspring.

J. H. STRONN, M.D.

BATTLE CREEK, Mich.

Dr. Simpson's Case.

Editor MEDICAL WORLD:

I see in the March number of THE WORLD Dr. C. S. Simpson desires to know the opinions of the medical professson in regard to his case.

My opinion is, from the symptoms given, that it is a clear case of epilepsy, caused by masturbation. I have unfortunately met with several cases of the kind, and invariably traced them to this abominable practice.

It is not necessary to tell the professson the ruinous effects of such a habit, and but few young men who are not physicians or studying medicine, ever read medical journals, so that an article on masturbation would be useless; but I do think that all physicians should warn young men of the danger, and try to stop a growing evil. J. A. REAGAN, A.M., M.D.

WEAVERVILLE, N. C.

What Was It?

Editor MEDICAL WORLD:

The case reported under the above title of March WORLD was reported prior to the results of treatment. As suggested by yourself, the symptoms led me to inquire for epilepsy; but as there was nothing past or present to justify such a diagnosis, I concluded that he might have worms, and so administered our specific, calomel and santonine, followed by castor-oil and turpentine.

I think, from what the parents and patient told me, he passed almost a half gallon of worms; this was a great relief to the family, and some satisfaction to myself. It is needless to say that the attacks have not recurred.

C. S. SIMPSON, M. D.

LAWRENCEVILLE, Ky.

[The case was no less one of epilepsy because caused by worms. This is a frequent cause of the affection called by the somewhat indefinite term, epilepsy. Epilepsy is a symptom rather than a disease.—ED.]

Unfortunate Experience of a Young Obstetrician.

Editor MEDICAL WORLD:

In reply, to some extent, to the "lamentations" in February WORLD, by Dr. S. J. Parker, allow me to say that I know a young practitioner who has only been in practice eight years, a little upwards of 33 years of age, who parts his hair in the middle, a very *wide* part, by the way, who has had an experience somewhat as follows:

1st case of obstetrics was a normal one.

2nd case. Was called early one April morning. Patient had been seen the night before by an older practitioner, who gave her a calomel and jalap powder. He found, on examination, a case of complete paraplegia. It came on after the first few pains of approaching labor. When the paralysis supervened, all pains stopped. She never had any more pains below the stomach.

The child was delivered by instruments. The mother died some six months later, after having sloughed off all the coxcyx and a good part of the sacrum.

In the autumn of the same year he was called to another case. Two physicians (?) had been in attendance for twelve hours. Case was an arm presentation. The arm had been pulled and pushed alternately until it was unjointed at the shoulder and separated about three or four inches. The doctor was compelled to perform podalic version in order to effect delivery. This was accomplished in about fifteen or twenty minutes. The mother made a good recovery, but the infant succumbed.

Before the next spring a third case similar occurred. Was called to an aged German lady. She had had fifteen babies without any assistance whatever. This time she was assisted(?) by a "competent" (?) midwife. Had been in labor twenty-four hours. An arm presented again. The doctor heard her screams when within forty or sixty rods of the house. Found her in a little room just large enough to put up a bed. The door to the room opened outward. He was informed by her aged spouse that he had come too late; that "his good wife must die." She was moved out into a larger room. She was a very large lady. She could not be made insensible with ether, and when the stock of anæsthetics was exhausted, the delivery was proceeded with. Podalic version was again accomplished, and with it came a relief to the lower bowel, for a large quantity of fluid, of a diarrhœal character, was sent streaming over the arms, shoulders, neck and down the back of the devoted young obstetrician. In this case also the mother did well, but the infant was still-born, fortunately, as a thigh was fractured during the manipulation.

Case 4. The same winter. The labor terminated naturally, in reasonable time. The young mother was happy and all seemed well. No one in the house knew how to wash and dress a new baby, so the doctor undertook the task. When about half through, a snort and a scream in the lying-in room caused him to drop the infant and repair to the mother. He had a first-class case of puerperal convulsions on his hands. Each convulsion was followed by a period of coma, and then a moment or two of consciousness, followed again by a convulsion. These were finally controlled by huge doses of chloral hydrate and potassium bromide, and she was kept asleep for twenty-four hours, when she was allowed to awake upon condition of good behavior.

Eight days after this, case 5 occurred. A little French girl. Had a tedious time (three days), laborious for twelve hours, and complicated with hour-glass contraction. The placenta was delivered by dilatation by the hand. Here was another dead baby, and the doctor learned a lesson. He has never since used ergot until after the second stage was completed.

Soon after this, the same year, case 6 demanded instruments.

Case 7 was one of post partum hemorrhage (the same year). Baby was born when the doctor arrived. On entering the room he saw that all was not right, and, on putting his hand under the bed-clothes, the bedding was found swimming in blood. The patient was almost completely exsanguinated, and it required weeks to regain what she had lost.

Case 8. Child born, secundines following immediately and without rupture of the membranes. The little fellow lay there in the membranes, kicking to get out.

Case 9 was a 44-year-old primipara, and required the use of instruments.

Case 10—A tedious and laborious labor. For twenty-four hours before delivery she passed no water, neither could the catheter be introduced into the bladder. Another instrumental delivery of a dead baby. The head was too large to engage in the pelvis, and compression was resorted to. Pelvis very narrow.

Case 11—Was an instrumental labor, and a badly ruptured perineum, which should have been sewed up at once, but the case was left to nature, with the intention of operating later if necessary. The patient moved away in a few weeks and was lost sight of. She has turned up recently with a shattered constitution. Not a stitch of repairing did nature do. Nature helps those who try to help themselves.

Case 12—Was a breech presentation, and was saved—all parties.

Case 13—Was another cross birth. Had been in labor three days. Child dead and decomposed. Mother and child both enormously distended with gases. Skin of child emphysematous. Several physicians had been in attendance. On insinuating the hand through the os uteri, the foul gas that escaped was something wonderful, and enough to stifle a person. The mother was so under the influence of the poison that she was insensible. Version and delivery were accomplished in a few minutes, but the mother died a few days after.

Case 14—Was a monstrosity. Had a hump on its back, and no head.

Case 15—Was another breech presentation and still-born.

Case 16—Was another cross-birth. Was seen before the membranes were ruptured, and version accomplished by bimanual manipulation, the head brought down with the arm, and a live birth the result.

Case 17—Was complicated by prolapsus of the bladder and was a very troublesome case, but terminated in safe delivery.

Case 18—Another hour-glass contraction.

Cases 19 and 20 were consecutive face presentations in the same patient. The faces were strikingly beautiful in both babes immediately after delivery.

In case 19 the placenta was so infiltrated with lime or magnesia that it could not be rolled, and had to be delivered flat, like a plate.

Case 21—Was another case of ruptured perineum in a primipara. The birth was completed before the doctor reached the house. It was stitched up at once and a perfect cure the result—union by first intention.

Case 22—Was a terrific one of ante-partum hemorrhage. Patient was exsanguinated in a few minutes. Three streams as large as a pipe-stem spurted from the labia. Head too high up for forceps. Version was accomplished, and the head brought down to the superior strait, but was too large to engage. Forceps were accurately applied, but to no purpose. The bleeding was now under control by the impaction of the head. Soon the fœtal hart ceased to beat, and craniotomy was resorted to. Patient made a rapid and complete recovery.

Case 23—Was another breech case, and saved by introducing the fingers into the child's mouth and bringing the chin down.

Case 24—Was the subject of an encephalocele, which cured spontaneously at the end of six weeks.

Case 25—Another ruptured perineum. Cured by immediate suture.

Case 26—Same as 25, and neither were instrumental.

Case 27—Placenta previa; successfully terminated.

Case 28—Was instrumental, and while endeavoring to hold the head back with the forceps, a terrific "pain" popped the head through the perineum, literally tearing the perineum and vulva into shreads. It looked no more like a vulva than the exit of a four or five-pound cannon-ball It was decided not to take any stitches at once in this case, as it was so badly torn as to leave no land marks to go by, and it was feared that it would all heal up solid, in which case a suit for mal-practice would be in order. The case was left to nature, and a perfect cure said to have taken place, though an examination was never had. The child in this case was a subject of spina bifida. The tumor was transfixed by a double ligature and cut off. Perfect cure the result.

Case 29—Was a perfectly *bloodless labor*. The child was born and placed in another bed, the placenta delivered and put in the vesel, and not a drop of blood stained the linen or the vessel or anything in connection.

I agree with you, Mr. Editor, that friend Parker should be congratulated upon his good fortune, and that lacerations will and do occur in the best regulated families, whether any physician is in attendance or not. And I believe, too, that more lacerations would be recognized if the parts were more thoroughly inspected after labor, no matter how easy the case.

Speaking of antiseptics in obstetrics, there are some very funny things in the literature upon that subject. Some one writing on preventive medicine in the New York *Medical Record* advises that an antiseptic pad be worn over the genitalia from puberty until the menapause, constantly, and never removed except under strict antiseptic precautions. This I suppose would involve the use of the spray during the period of removal, which must be very trying to the nervous system of the operator of the spray.

EXPERIENCE.

NEW RICHMOND, Wis.

Veratrum Viride and Gelsemium in Eclampsia.

Editor MEDICAL WORLD:

The following case strikingly illustrates the power of veratrum viride and gelsemium to check puerperal convulsions.

A. H. W., unmarried, had previously engaged my services to attend her in confinement, which, she said, would take place about the last of April. I heard no more of the case until the morning of the 4th of May, when I was sent for. Upon my arrival I found her in a convulsion. I at once gave a hypodermic injection of morphia, and proceeded to make an examination.

I found the os soft and dilated to the size of a silver half-dollar. It was evident that I had a case of eclampsia, commencing with labor, though there were no uterine contractions.

The patient was a large, stout woman, with full bounding pulse and much œdema of face, neck and upper extremities. The carotid arteries were beating forcibly. I thought these were good indications for bleeding, but concluded to try drugs before resorting to the "lost art." So I sat down beside her bed to await the effect of the morphine. But I did not wait long before I saw the characteristic twitching of the eyelids and angle of the mouth, and away she went into another dreadful convulsion.

I next gave bromide and chloral in heroic doses, but still the convulsions continued.

Chloroform seemed to intensify them.

I opened the cephalic vein of the right arm and drew out about a quart of blood. This was all I could get, for the blood would coagulate

in the opening and check the flow. I now opened the same vein on left arm, but did not get more than half a pint of blood. I reopened the vein in the right arm, but the blood would not flow, being as black and thick as tar. I now abandoned blood-letting.

I had also given large doses of ergot, hoping to bring on uterine contractions and deliver the child, but to no purpose. I now began to despair, as she had already had *fourteen* convulsions, and labor had made no progress whatever. In my despondency I thought of gelsemium, and at once gave ten minims of the fluid extract hypodermically. This was the turning point. Within half an hour uterine contractions set in, and within less than two hours the child was born—neither dead nor alive, but the warm and cold bath, alternately, soon brought the welcome cry.

After the delivery of the placenta and membranes, my patient seemed to be resting so well that I began to think the trouble about over. I staid a couple of hours and then took my leave, telling them to send for me if there was any return of the convulsions.

Upon my return next morning I learned that my patient had had nine more convulsions, making in all *twenty three*.

My hypodermic syringe failing to work, I prescribed the following:—

℞ Tinct. veratri viridis (Norwood.)...
Fl. ext. gelsemini .....āā... ℥ ss
Aquæ..... ʒ j
M.—Sig. Teaspoonful every half hour.

Before I had time to give the first dose she went into convulsions, having four in rapid succession. The last was followed by stertorous breathing, dilated pupils and great tracheal rattling. There were three slight convulsions after the first dose, but these were the last. The patient remained in a semi-comatose condition for *three days*.

I kept her pretty well under the influence of the veratrum and gelsemium till all danger of convulsions was over, and at the end of the ninth day dismissed the case.

I thought that this case could be relieved by copious bleeding, for surely there was congestion of the brain. Failing in this, I think the veratrum was the next best remedy, being somewhat similar in its effect.

The gelsemium played an important part (but in what way I shall not pretend to say), as it alone gave relief in the first instance. After the second dose the patient's pulse came down to sixty per minute, and I kept it at that rate till she had fully regained her consciousness.

Now, gentlemen, I think you will agree with me that this was a bad case, and that veratrum and gelsemium saved the woman's life.

This woman had *thirty convulsions*, and I verily believe that three more as severe as the twenty-seventh one would have killed her.

If any of the readers of THE WORLD should have an occasion to use these remedies in eclampsia, I hope they will do so and report results.

R. K. MEDARIS, M.D.

CLINTON, Tenn.

Quinine in Labor.

Editor MEDICAL WORLD:

I am interested in Dr. E. L. Perkins' use of quinine in labor.

He gave Mrs. G. five grains of quinine. He fails to state how soon the first dose acted. The second and third, he says, acted in ten minutes! Quinine is not a quickly diffusible drug. It takes about two and a half hours when given in solution, and three and one half to four hours when given in capsule, to get the maximum effect; and the effect lasts several hours. I quite agree with him as to its favorable effect in parturition, but it must have from three to four hours to act in.

Doctor, did you give the quinine in whiskey?

W. H. MAGEE, M.D.

EVANSVILLE, Ind.

Answers.—How to Arrest the Lacteal Secretions.—Prevention of Nocturnal Emissions.

Editor MEDICAL WORLD:

Many of the original articles appearing in THE WORLD are very interesting and instructive, but the wonderful results attained by some tax our credulity to the utmost. When we are asked by a young M.D. to believe that in his first two hnndred obstetrical cases he did not have a single lacerated perineum, and by an old M.D. that "in considerably over one thousand confinements he did not have a single lacerated os uteri or perineum," results that Ramsbotham, Bedford, Cazeaux, Leishman or Lusk never experienced, we are asked to exhibit a credulousness that would be more phenomenal than are such results.

Not wishing to accuse the doctors with ignorance or misrepresentation, there are but two ways to account for such grand success. First: that their skill immeasurably exceeds that of intelligent physicians generally or second: that the fair sex in their part of the world have more distensible cervices and perineums and larger vulvas than are found elsewhere, except among the patients of a doctor here, who must have, according to his statenent of success, had a run of large vulvas! I, vith

many others, would like to know how to prevent a cervix from tearing, when it is unable to dilate sufficiently for the head to pass—and such cases do occur—and how the perineum is to be always saved in cases where the head is of rather large size, well ossified, and with the occiput in sacrum and brow under pubes.

Some also claim to cure *every* case of pneumonia, membranous croup, diphtheria, typhoid fever, etc., when every intelligent physician knows that a portion of such cases will be lost under the best treatment and in the best hands.

Doctors who claim so much, subject their diagnostic powers, their observation, or their word to very grave doubt.

In answer to the inquiry, what will arrest the lacteal secretion? I usually apply a liniment composed of equal parts spirits of camphor and tinctures of belladonna and phytolacca freely, one-half to one ounce upon each breast at each bathing once a day; then bind them down tightly, first covering each breast with cotton, placing it thicker at the edges than in the center, so the pressure will be distributed over the whole of the breasts, and not upon the center only. Where only one breast is to be dried up, tear the bandage into tails, so they can be made to straddle the other breast. Pressure can be better applied by adhesive straps, and the pressure is, no doubt, much the better remedy. Have thought that pressure could be made much more equable and persistent by attaching to each end of a piece of lasting a few inches long, short adhesive strips, several of which could be drawn tightly over the breast.

In answer to the query, what will cure nocturnal emissions? The bad habit that produced them being broken up, I have found nothing equal to

℞ Brom. potass.....
Chloral hydratis.....āā... ʒ ss
Aq. menth. pip..... ʒ j ss
Syr. simplicis..... ʒ ij ss

M.—Sig. A teaspoonful two or three times through the day, and two teaspoonfuls at bed-time.

This will, in most of cases, control passion and prevent erection, hence there is no emission. I sometimes have to increase the dose. I will illustrate its power to control the passion by one case. A young gentleman who was troubled with acne on his face, applied for relief. Knowing the relation of this eruption to the sexual function, I thought to be better able to treat his acne by controlling his amativeness, so in conjunction with an ointment I gave him the above. The second night after beginning treatment he called on his "Dulcina" with whom he was in the habit of frequently spending a night. After their united efforts for two or three hours to excite his passions had failed, he got up, angry and disgusted, dressed, and went home. The first thing he did after getting into his room, was to throw that medicine into the street.

I think in Dr. Evan's case, in May number, the post mortem will reveal chronic inflammation of the meninges of the brain. Temporary relief of distressing symptoms is all that can be hoped for.

G. A. HARMAN, M.D.
LANCASTER, O.

Treatment of Eczema.

Editor MEDICAL WORLD:

I noticed in the WORLD for September, 1884, an article from the pen of C. A. Moulton, M. D., of Portland, Maine, on the very common affection, eczema. He certainly has a very stubborn case to treat; yet there are remedies that will reach the case he speaks of. I am treating a case of eczema in a child six months old. The child is very fleshy, and otherwise the picture of health. Three weeks ago, when the child was first brought to me, I found it in a terrible condition. The face, head, neck, and a number of places on the body were a literal mass of seeping, scaby sores, with terrible itching spells.

My treatment is as follows:

℞ Syr. stillingiæ..... ʒ ij
Syr. sarsap. comp..... ʒ iv
Potass. iodidi..... grs. xvj

M.—Sig. One-fourth of a teaspoonful four times a day and continued for ten days. Then give Fowlers' solution, two drops two to three times in twenty-four hours. Then give the first prescription again, etc.

For external use:

℞ Cosmoline..... ʒ iv
Hydrarg. oxid. rub..... ʒ ss
Bal. copaibæ..... fl. ʒ ss
Ol. sassafras..... gtts. xx
Acidi. boracici. pulv..... ʒ j
Ext. hydrastis..... fl. ʒ j

Ft. ung. Sig. Apply twice a day over entire body.

J. M. MOSENA, M. D.
SALMON CITY, Idaho.

Reply to Dr. Mosena.

Editor MEDICAL WORLD:

In reply to Dr. J. M. Mosena's request for diagnosis and treatment of the case of a young man who received an injury to his arm by striking upon an anvil, my opinion is that it is not one of concussion of the shoulder joint, but one of injury to the nerves, causing paralysis. The treatment that I would advise, would be warmth, electricity and massage. I hope the Doctor will try these and report results.

BROOKLYN, N. Y. S. J. MURRAY, M.D.

Ergot for Nervous Headache.

Editor MEDICAL WORLD:

Will some of your numerous readers write up their experience in the use of fluid extract of ergot in nervous headaches? I have been using it for years with much success in those cases, in either sex, where the pain complained of is at the *base* of the brain. I may report some cases in the future bearing on this interesting subject. Have seen very little, if any thing, on this topic in the current medical literature of the day.

ELMORE PALMER, M.D.

BOULDER, Col.

Malformation of the Penis.

Editor MEDICAL WORLD:

I have a case of congenital phimosis (?) in a child nine months old. There is no penis external at all, but where it should be there is an orifice through which the urine is voided; and between this opening and the scrotum the penis seems to be developed, the glans penis being easily distinguished, and about which there does not appear to be any malformation. Is there any treatment that would be beneficial, or operation that would be likely to restore so important an organ to its normal place? Any information through THE WORLD on this subject will be gladly received.

J. MANSON GREER, M.D.

CHICKAMAUGA, Tenn.

Idiosyncrasy in Regard to Ipecacuanha.

Editor MEDICAL WORLD:

For reasons stated in my article in the April number of THE WORLD, namely, the doctor failing to give the details, symptoms and circumstances calling for the operation of craniotomy in his case, it would be very presumptuous in me or in any one else to say what should have been done.

We ought all to be careful in reporting our cases through the columns of THE WORLD, to aim at accuracy, giving the details, treatment, etc., which tend to enhance the value of what we write. Let us try and give it our best efforts in the way of reporting cases, etc.

Allow me to relate a little personal experience with the almost indispensible drug, ipecacuanha. My greatest annoyance in dispensing medicines is from the inhalation of the dust of the above-named drug. Be the amount ever so small, it is sure to give rise to an attack closely resembling asthma. Am unable to take Dover's power in a capsule for the same reason; its indirect action on the lungs through the circulation is quite as effective and troublesome as its direct action when inhaled. Other powders, or dust of any kind, fail to have any such effect on my organism. My lungs are perfectly sound. Have any of the readers of THE WORLD ever experienced like effects from the handling of this drug? I am well aware that the air passages of some are very sensitive to emanations from certain substances, such as feathers, hair, etc., but I never heard of ipecacuanha affecting anybody as it does me.

T. B. FOWLER, M.D.

COHOCTON, N. Y.

[A number of cases similar to the above are on record.—ED.]

Typho-Malarial Fever.

Editor MEDICAL WORLD:

As the season for the above disease is approaching, and as some of the contributors to THE WORLD, as well as some authors, claim that there is no such disease, I thought I would venture to give my opinion.

Typhoid fever, as I understand it, is generally, if not always, communicated to the system from without, by some poison in the water, milk or food ingested. The primary lesion is in the blood, from whence arise all the various phases of the disease in question. The temperature gradually rises till it reaches 104° or more. Malarial fever is always communicated to the system by that peculiar, undefinable something, called malaria, and the primary lesion, unlike typhoid fever, seems to be in the nervous system, more especially the vasomotor and sensory nerves, from whence arises loss of tone in that portion of the sympathetic which presides over the functions of the liver, spleen, kidneys, stomach and bowels, the temperature rising as high on the first day as at any subsequent time. As most late authors admit that the two diseases can, and in some cases do, exist in the same patient at the same time, why object to the term "typho-malarial?" It seems to me that this is the most appropriate term we could use.

I like the article written by Dr. Griffin, of Abbott, Texas, in the April WORLD, except what he says about typho-malarial fever. He says it is simply badly treated remittent fever. If this is true, then a great many of our most eminent medical men do not know enough to give good treatment in so common a disease as remittent fever. My opinion is that there is such a disease as typho-malarial fever, and I

will proceed to give my views in regard to treatment, without any further comment.

In a majority of cases the malarial symptoms predominate in the beginning of the disease; the temperature rising the first day to its maximum, and in such cases it is rather difficult to make a correct diagnosis for the first few days. You should give thirty or forty grains of quinine, ten grains of bromide of potassium, ten grains of lactopeptine and one tenth of a grain phosphide of zinc at one dose (for an adult); then fluid extract of aconite, two drops, and fluid extract of gelsemium, five drops, four hours apart, or half the quantity two hours apart, for twenty-four hours. Then, if the temperature is no lower, repeat the quinia, bromide, lactopeptine and phosphide of zinc, same amount at one dose, and continue the aconite and gelsemium. At the end of twenty-four hours more give a few doses of hydrargyrum cum creta, followed by an enema of warm water and gruel. Continue the aconite and gelsemium; or if you find the tongue coated badly on the first visit, give the hydrargyrum cum creta from the start. After the tenth or fifteenth day you will generally find more or less pneumonia or bronchitis; as soon as it is manifest, use brandy and carbonate of ammonia in moderate doses, two to four hours apart, and quinia, three to five grains, with lactopeptine, five grains, four hours apart. Urge the patient to take plenty of sweet milk (or sour) all along from the beginning.

G. W. SHELTON, M.D.

JOHNSTOWN, MO.

What a Doctor Should and Should not be.

Editor MEDICAL WORLD:

In December number, 1884, may be noted twenty questions, elaborated by F. W. Putnam, M.D., of presumable importance to the medical society. Early teachings have a powerful influence on the minds of all. Even in free America the rule holds firmly through life, even to death. The child is born, we may suppose, a democrat; right or wrong, he seldom changes. It is the same with the child born and surrounded by Presbyterian, Baptist or Methodist parents and associates. What is taught the youth to believe as right or wrong is moral mentality with him.

Now, my opinion with regard to this subject, I venture to believe, will meet the approval of many, but, perhaps a majority will disagree.

I will reply to a few of the questions and say firstly, if a physician loves to chew or smoke tobacco, let him do so, temperately and cleanly.

If a doctor desires to take a ʒ of the ardent for the "stomach's sake" and other infirmities, by what right shall his friend say him nay? Now, about the opium: I do earnestly advise the doctor to never indulge in tasting paregoric, for he soon prefers the laudanum, and not far hence he finds a nip o opium suits him best. Regret follows, but the habit is so strong that will power cannot control the appetite, and he is lost to himself and to the community. How regretful! And, in my long connection with the fraternity of doctors, many such cases have come to my knowledge. But there is a balm in coca, if used with a mighty *will* in combination. A few cases cured from coca and will I have witnessed.

If a doctor has leisure and has inclination to "see a man," or his business inclines him to step into a hotel or into a saloon. I cannot perceive why he may not walk in. If he cannot be tolerated thus far, he is totally unfit to visit the sick or write a prescription.

Once in the year, when the circus comes into town, or the comic minstrels advertise, my advice is that every doctor who loves comedy better than tragedy, should make ready to go. If "fun and folly" cheer the sad and sullen, go where it is furnished. Doctors require a relaxation from too much mental labor, and a little running, jumping, or ball playing will prepare him to do the duties of his profession the better.

A well cultivated mind is susceptible to beauty. Therefore let him not deny himself the enjoyment of seeing "blood stock," and witnessing the speed and the graceful movements of fine horses, and take with him his wife, and his sons and daughters.

Leaving the remaining questions without special consideration, I wish to enumerate a few of the affirmative qualifications that should belong to the doctor, in common with all good male citizens. He should not be an exclusive, nor be influenced by the whims of fanatics, nor a martyr to the ethics of hidebound superstition. He must be a cheerful, agreeable, social, sincere, and, withall, a *secretive* gentleman. He must entertain no pretentions to superiority in wisdom, morals or piety. As a scholar, modest; as a politician, moderate; as a Christian, sensible and liberal. Too many doctors are endowed with loathsome pomposity.

YPSILANTI, Mich. J. W. BABBITT, M.D.

Gastronomic Feats.

Editor MEDICAL WORLD:

Ancient history relates an instance of egregious gluttony that surpasses Dr. Thom's fast young man. It is said that the appetite of

Milo, the athlete, one of the famous persons in Græcia Magna, was scarcely satiated with twenty pounds of meat, twenty pounds of bread and thirty pounds of wine every day. On an extra occasion, to show what he could do, he ran the whole length of the Stadiune with a four-year-old bull on his shoulders, and afterwards knocked him down with one stroke of the fist, and ate the whole beast in a day.

VERNON, Ill. J. W. MURFIN, M.D.

Doctor Bruil's Case.—Nitro-Glycerine for Eclampsia.

Editor MEDICAL WORLD:

In May number of your invaluable journal, page 173, Dr. Bruil relates a case of placenta previa, and asks: 1. What caused the intra-uterine hemorrhage? 2. How was the placenta previa aborted? 3. What was the cause of child's death? 4. Was treatment rational, etc.?

The second question, I think, was fully answered by the Editor, and his suggestions for after-treatment are *very good*, but, to my mind, stop short of the mark. As Bro. Bruil asks for expressions of views, I will offer my opinion, having had several similar cases in thirty years' experience, and, thanks to a kind Providence, without a single fatal case.

To the first question, I would answer that the initiatory hemorrhage, was caused by the detachment of the edge of the placenta, where it overlapped the os uteri. In this condition, ergot can do no good, for it cannot contract that portion of uterus where the hemorrhage occurs without materially retarding the labor, and a speedy delivery is *absolvtely necessary* for safety of both mother and child.

The third and fourth questions I will endeavor to answer under one head. Ergot, in the early stages of labor, is prone to produce unequal uterine contraction, and will invariably excite *most* contraction where there is least resistance. But the greater objection is the conceded fact that it causes a marked contraction of the arterial circulation, and hence, especially with hemorrhage, a sufficient supply of ærated blood is cut off from the fœtal circulation, which will in short time prove fatal to the child.

Nor is this all the unwelcome effects liable to occur. Soon after delivery of the child, a rigid hour-glass contraction will often follow, and, even though the placenta may all escape, clots, or a portion of the lochia, will be retained, which will rapidly decompose, and fatal septicæmia will be the result, unless the contraction can be relieved and the decomposable matter be removed. Treatment:

Take of—

Olive oil		
Fl. ext. viburnum		
Chloroform	of each...	dr. 2

Mix.—Apply to abdomen (between umbilicus and pubes), with cloth to cover; then

Take of—

Water (temperature 110 to 120° F.)	pints	3
Boric acid	dr.	1
Chloral hydrate	dr.	2

Mix.—Use with syringe having pipe with at least a dozen very fine perforations. This is necessary, because a stream from an ordinary pipe will increase the hour-glass contraction, whereas the fine spray-like application will relax it, and the washing will reach the whole cavity. Use slowly, taking plenty of time. Repeat every three or four hours until the temperature becomes normal, then every twelve hours until convalescence is fully established. Give at the same time by mouth:

Take of—

Bromide of potassium	gr.	10
Fl. ext. gelsemium	drops	5
Fl. ext. jaborandi		
Fl. ext. baptisia	of each... drops	10
Cinnamon water	dr.	2

Mix.—For one dose. Repeat every hour.

Instead of relying upon nervines in eclampsia, I have used in several cases, with the happiest results, nitro-glycerine (one per-cent solution), two or three drops; then one to two drops every half-hour as indicated. It can be given during spasm, if necessary, by pouring between cheek and teeth. If tongue is loaded, I have generally used the cathartic mentioned by Dr. Brail, and have never found its effects objectionable. In the beginning of case related by Dr. B., I would give fl. ext. caulophyllin, ten drops, and bromide of potassium, twenty grains, every hour, alternating with quinia, three to five grains. This will, in most cases, not only produce uniform and increased uterine contraction, and diminish hemorrhage, but will in no way jeopardize the life of the child. I would also hasten dilatation and delivery as soon as possible.

From Dr. B's description, I should say septicœmia was *forcibly apparent* on the fifth day.

One more word about ergot. When the child is alive, it should *never* be given, before the head has entered the lower strait, and then, if pains are moderately hard and *head firm*, use the forceps; but if the pains are feeble and head yielding, try ergot before resorting to forceps.

W. B. STEERE, M. D.

PIERRE, Dakota Ter.

A SMALL piece of parsley, inserted within the anus, will produce a prompt and certain evacuation.

Severe Treatment.

Editor MEDICAL WORLD:

In a village thirty miles to the west of us, a disease has appeared within the last few weeks, from which five or six have died.

They say it resembles cholera, but no one with any medical knowledge has been to the place to examine into it, so all my information is the talk of the laity.

There is vomiting, watery stools, sudden prostration and coma, and death inside of twenty-four or thirty-six hours!

But the object of this item is to show the severe treatment resorted to here at times. A man was taken with the above disease some two weeks ago; his friends thought a good sweating might help him; they put him to bed—spread on the floor—and put over him a heavy quilt weighing from fifty to seventy-five pounds, covering him up head and feet; and to make the treatment more successful, two stout men took their seats, one on the head of the quilt and the other at the foot. The fellow screaming with all his might, "you are suffocating me; you are suffocating me." "Bear it, bear it; it will be the saving of you." Paying no attention to his entreaty, they continued to sit as long as they thought necessary. He had long ceased calling, they supposing he was enjoying his sweat. They uncovered him to see their success, and found him to be, to all appearance, dead. In the East the dead are hurried to their graves as soon as they can be wrapped up after they have ceased breathing, so they at once made ready to carry him out. One of those who happened in put his hand on the body and found it warm; he told them not to be in a hurry; he did not believe the man was dead. He secured a looking-glass, placed it over his mouth and found that the glass became moist. He begged them not to bury him, but to use means for his resuscitation, and left them. Soon, a Turk—a head man of the village—came in, looked at him, pronounced him dead, and ordered them to bury him, and they buried him! D. M. B. THOM, M.D.

MARDIN, Turkey-in-Asia.

Editor MEDICAL WORLD:

Please say in the forthcoming number of the WORLD that I have been practicing medicine for twenty-eight years in a variable climate, had my full share of pneumonia, and have never lost a case, nor prescribed a grain of quinine as a remedy.

GEO. W. BOWLEN, M.D.

BARNESVILLE, Md.

For Catarrh.

Editor MEDICAL WORLD:

I have found the recipe which I give below to answer better in coryza, or nasal catarrh, and to give more permanent relief than any remedy I have ever tried. I hope you will consider it worthy a place in your journal.

℞	Pulb. camphoræ	ʒ j
	Chloroformi	ʒ j
	Acidi boracici	ʒ ss
	Adipis (fenzoat)	ʒ j

M.—Sig. Apply in nostrils with little finger.

I believe it will answer well in hay fever.

ALEX. F. SAMUELS, M.D.

PRAIRIE DU CHIEN, Wis.

Dr. Warren's Advice.

An interesting relic has been recently found in the form of a piece of paper containing advice to a patient, in the handwriting of Warren, who fell at Bunker Hill, and whose name is engraved on a stone to be found near the base of the historic shaft which marks the site of that famous battle. Warren, as every one knows, was a member of the medical profession, but no prescription written by him, has so far as learned, been yet discovered.

The advice is as follows: "Mr. Pitts will please to take a teaspoonful of the volatile tincture of guiacum, night and morning, in hot-water—and two or three teaspoonfuls of the tincture of the bark, daily at noon, in any convenient vehicle.

"He will please to use a diet moderately generous, using such exercise as he can bear without fatigue, and to keep the body open with occasional doses of tincture of hieropicra, about a tablespoonful at a time, or more if on experience it should be found that this quantity should be insufficient to procure the necessary evacuations.

"The stringent applications to the part affected should be continued for several weeks at least, or till it shall arrive at its former size."

—*Chicago Medical Journal and Examiner.*

Diagnostic of Gout.

A pea-like swelling may frequently be detected in the lobe of the ear, in the subjects of gout. It consists of a deposit of urate of soda, and is diagnostic of a hereditary tendency to the disease.

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Allow me to ask if any of the readers of your useful journal have had any experience with nitro-glycerine in neurasthenia.

W. S. C.

INDIANA.

Editor MEDICAL WORLD:

Please give me the formula for "Cuticura Resolvent," "Ointment" and "Soap," manufactured by Potter & Co., Boston, Mass. THE WORLD comes regularly and is appreciated.

Dr. W. B. PARKINSON.

COALVILLE, Utah.

Editor MEDICAL WORLD:

Can you or some of your readers give the formula for "Dr. Bull's Cough Syrup"?

J. B. LUCAS, M.D.

HORRELL'S STORE, N. C.

Editor MEDICAL WORLD:

Can any of your numerous subscribers give the receipt for "Torsha's Balm"?

J. R. WILCOX.

COLORADO SPRINGS, Col.

Editor MEDICAL WORLD:

Please ask the following question in your "Quiz Column:"

Will you favor a new subscriber with the formula of Dr. Tyson's "Bonkocine," a celebrated gonorrhœa injection?

Michigan. NEW SUBSCRIBER.

Editor MEDICAL WORLD:

Please insert the following in your "Quiz Column:"

Will some reader of THE MEDICAL WORLD give his views of the most appropriate treatment for impotence? The patient is a man, 56 years of age, married, good family history, no evidence of syphilis, no venereal excesses; never ill in his life. NEMO.

BELLVILLE, Ontario.

Editor MEDICAL WORLD:

Can any of the readers of the WORLD give me the formula for "Dr. Ludlum's Specific"?

TOPEKA, Kan. C. B. RICHMOND, M.D.

FORMULÆ.

Bretonneau's Pills.

These are tonic pills, containing iron, quinine stomachics, and gentle laxatives. The formula is:—

℞	Ferri redacti.....(8.0 gram)...	ʒ	ij
	Quiniæ sulphatis.....(0.5 ")...	grs.	viij
	Zingiberis.....(0.5 ")...	grs.	viij
	Ext. cinchonæ.....(1.5 ")...	grs.	xxiv
	Ext. rhei, comp.....(1.5 ")...	grs.	xxiv
	Aloes.....(0.25 ")...	grs.	iv

M. et ft. pilulæ num. l.—Sig. One to four per day.

A Useful Paint in Diphtheria.

℞	Tr. iodinii.....		
	Tr. ferri sesquichloridi.....āā...	ʒ	j
	Acidi carbolici.....	grs..	x
	Glycerini.....	ʒ	ss

M.

Mrs. Allen's Hair Restorer.

According to Masset, this is made as follows:

℞	Precipitated sulphur.....	17	parts.
	Powd. cinnamon.....	2	"
	Glycerin.....	320	"
	Acetate of lead.....	265	"
	Water.....	635	"

Mix.

Willstein gives the following:

℞	Sulphur.....	56	parts.
	Acetate of lead.....	8	"
	Glycerin.....	100	"
	Water, perfumed with aromatics....	200	"

Mix.

—*National Druggist.*

Gillford's Solution Bromide of Arsenic.

℞	Arsenious acid.....	grs.	60
	Carbonate of potassium.....	grs.	60
	Bromine.....	fl. dr.	2
	Water.....		sufficient.

The carbonate of potassium and arsenious acid, with four fluid-ounces of water, are made into a solution by aid of heat; when cold the solution is made up to twenty fluid-ounces, and to this the bromine is added.

—*Pharmaceutical Record.*

For Anæmia.

℞	Ferri sulph.....		
	Ext. gentianæ.....āā...	ʒ	ss

M. et ft. pil. num. xij.—Sig. One or two three times a day.

—DR. HOOPER.

Beef Tea with Celery.

℞ Extract of beef..... oz. 2
Beef peptone..... oz. 2
Hot water..... cong. 1
Celery salt..... sufficient.
Pepper and salt..... sufficient.

Mix.

—*Druggists' Circular.*

For Hemorrhoids.

℞ Ext. hammamelis fl.....
Syr. auranti.....āā... ℥ j ss
Tinct. vanillæ..... ♏ xx

M.—Sig. A teaspoonful three times daily.

—Dr. Beaumetz.

Injection for Gonorrhœa.

℞ Ext. belladonnæ..... gr. xx
Zinci. sulphatis..... gr. xx
Mucilag. acaciæ..... ℥ j
Aquæ..... ℥ vij

M.—Sig. A teaspoonful to be injected immediately before and after micturition; and at bed time.

—Dr. Roche

A Useful Gout Pill.

℞ Calomelanos..... gr. j
Ext. colchici acetici..... gr. j
Ext. alœs. Barb..... gr. j
Pulv. ipecac..... gr. j

Make one pill. Sig. To be repeated every six hours, until free purgation ensues.

For "Break-Bone" Fever.

The following is recommended in "break-bone" fever:

℞ Castor oil..... oz 1
Paregoric..... dr 1
Spt. turpentine.....minims 30
Glycerine..... dr 4

Mix.—For one dose; to be repeated if it does not purge freely in six hours.

Warner's Safe Liver and Kidney Cure.

Take of—

Powdered nitrate of potassa..... grs. 320
Liverwort..... oz. 1
Water..... sufficient.
Alcohol..... oz. 2
Glycerine..... oz. 1½
Essence of wintergreen..... drops 40

Infuse the liverwort with one pint of hot water for two hours, strain and filter. Dissolve the nitrate of potassa in the liquid; when cold add the alcohol, glycerine and essence of wintergreen, and make up the measure to one pint with water.

—*The Druggist.*

For Asthma.

℞ Potass. iod.....
Ammon. carb.....āā... ℈ ij
Tr. belladon..... ℥ j ss
Vin. ipecac..... ♏ xl
Spt. chloroformi..... ℥ j
Inf. gentianæ comp..... ℥ viij

M.—Sig. Tablespoonful three times daily.

—Louis Lewis, M.D.

Bouchardat's Tonic Laxative Pills.

℞ Pulv. alœs. Barb.....
Ext. nucis vomicæ.....āā... gr. j
Pulv. ferri lactatis.....
Quiniæ sulphatis.....āā... gr. ij

Mix.—Divide into forty pills. Dose. From one to three pills at supper time.

To Promote the Growth of the Hair.

℞ Tr. cantharidis..... ℥ ij
Aq. sambuci..... ℥ xj
Ess. rosmarini, (Dublin Pharm.)..... ℥ vj

M.—Use as a lotion.

—Dr. Neligan.

For Hysteria.

℞ Ext. opii..... grs xij
Ext. valerianæ.....
Moschi.....āā... grs. xxiv

M. et fi. pil. num. xvj.—Sig. First, one; then, two, and then three a day.

—Dr. Fox.

For Erysipelas.

℞ Acid. carbolici..... grs. xiij
Spt. rect..... ♏ xv
Spt. terebinthinæ..... ℥ ss
Tr. iodi..... ♏ xv
Glycerini..... ℥ j ss

M.—Sig. Bathe the parts with this every two hours, and envelop in wadding. Internally give—ten minims of tinct. ferri sesquichlor, three times a day.

—Dr. Rothe.

An Excellent Tonic.

℞ Liq. ferri perchlor..... ♏ v
Glycerini..... ♏ x
Inf. quassiæ.....ad... ℥ ss

Mix.—To be taken three times a day after food

Obstinate Cystalgia.

℞ Potass. bicarb..... ℥ j
Potass. bromidi..... ℥ ss
Ext. gelsemini..... f℥ ss
Aq. dest.....ad... ℥ vj

M.—Sig. One teaspoonful four times a day.

Local Remedy for Diphtheria.

Your journal is the best for the money of any in the country. Please put me down as a permanent subscriber. I would like to see the following in next number of the WORLD, as I think it is the best local remedy in diphtheria:

Take of—

Bi-chromate of potash	grs.	4
Thymol	"	10
Glycerine		
Water ..... of each...	oz.	2

Mix.—Gargle or wash the throat frequently.

G. W. SHELTON, M. D.

JOHNSTOWN, Mo.

For Burns.

The following is recommended as a topical application for burns, and for the lubrication of catheters:

℞ Acidi borici	gr.	xv
Glycerini	ʒ	j
Ol. olivæ	ʒ	j

M.—Sig. Apply.

—DR. BOND.

For Lupus.

The following pomade has proven an efficient remedy in a severe case of lupus:

℞ Acidi salicylici	grs.	lxxv
Vaseline	ʒ	j

M.

—DR. MARSHALL.

To Improve the Voice.

The voice is much improved in laryngeal affections by the use of the following as an inhalation:

Take of—

Spirits of turpentine	oz.	3
Norwegian tar	dr.	5
Chloroform ..... minims		15

Mix.

—DR. SANDRAS (Paris).

For Lichen Agrius.

Take of—

Prepared storax		
Cold cream ..... of each...	dr.	5
White precipitate	grs.	15

Mix.—Three inunctions daily.

—DR. MONIN.

Application for Inflamed Surfaces.

Dr. McCall Anderson, of London, gives the following as the most valuable application for inflamed surfaces that he has ever tried:

℞ Bismuthi oxidi	grs.	c
Acidi oleici	ʒ	xiv
Ceræ alb	ʒ	v
Vaseline	ʒ	xv
Ol. rosæ	♏	j

M.

An Intestinal Antiseptic.

In typhoid fever and as an intestinal antiseptic generally, Dr. Dujardin Beametz regularly employs the following mixture:

Take of—

Bisulphide of carbon	oz.	1
Essence of peppermint	minims	30
Water	oz.	13

Mix.—Dose. Two tablespoonfuls three times a day, in a cupful of milk.

To ARREST fermentation and development of micro-organisms in the mouth, the following wash is suggested for use after meals:

Take of—

Chloral	grs.	15
Essence of aniseed	minims	10
Essence of peppermint	"	5
Distilled water	oz.	4

For Diabetes.

℞ Liq. arsenicalis (Fowler)		
Tinct. quassiæ		
Tinct. nucis vomicæ ..... āā...	ʒ	ss

M.—Sig. Twenty minims before each meal; and

℞ Potass. bromidi	ʒ	v
Tinct. aloes	ʒ	iv
Tinct. camph. comp	ʒ	iv
Aq. destil	ʒ	x

M.—Sig. One teaspoonful at bedtime.

—DR. MONIN, Paris.

For Arrest of Hemorrhage.

One part of chloroform in fifty parts of water is stated to be a marvelous agent in the arrest of hemorrhage.

Dr. S. A. Middleton, of Bishop Creek, California, writes: "The number for May has been received, and I would not have missed it for $2.00.

Dr. W. W. Gleason, of Provincetown, Mass., writes: "It is worth double the price."

To Put a Stop to Severe Intermittents.

℞ Quiniæ sulph..... gr. xv to ℈ j
Acid sulph. dil..... ♏ xv
Aquæ cinnam..... ʒ xv
Syrupi..... ʒ j
Tinct. opii..... ♏ x

M.—Sig To be taken from four to six hours before the expected paroxysm.

—Dr. Van Buren.

For Vertigo.

℞ Tinct. boldo..... ʒ j
Syr. aurantii..... ʒ j
Aq. destil..... ℥ iv

M.—Sig. A teaspoonful when required.

—Dr. Baratoux, Paris.

Tobias' Venetian Liniment.

(Contributed by J. M. Mosena, M. D.)

℞ Spirits of ammonia.....
Gum camphor.....
Tinct. capsicum.....of each... oz 5
Alcohol..... oz 30
Water..... oz 10
Mix.

Salmon City, Idaho Ter.

Wizard Oil.

Take of—

Spts. camphor.....	oz.	10
Water of ammonia.....	oz.	5
Oil of sassafras.....	oz.	5
Oil of cloves.....	oz.	2
Oil of turpentine.....	oz.	5
Chloroform.....	oz.	1
Alcohol.....	oz.	20

Mix.

Russel's Botanic King.

Take of—

Powd. dandelion.....	10 parts
" mandrake.....	10 "
" buchu.....	10 "
" yellow dock.....	10 "
" Peruvian bark.....	10 "
" aloes.....	50 "

Mix.

—*New Idea.*

Antiseptic Mouth-Wash and Dentifrice.

℞ Sodæ boratis..... grs. xv
Thymol..... grs. vij ss
Aq. destil..... O j

M.

This is also exellent for fetid breath.

For Ecthyma.

Take of—

Carbolic acid.....		
Vaseline.....of each...	grs.	30
Starch.....	oz.	3

Make a pomade, with which inunct the skin freely.

—Besnier.

SPECIAL.

Do not fail to read the advertisement of the new preparation now put upon the market by Dr. Morse, of Marblehead, Mass. Pamplet mailed free. See conditions upon which a bottle for trial will be sent.

Among the many advantages of Nestle's Milk Food are the following: It requires no milk for its preparation; its delicious taste renders it almost universally acceptable; it contains all the elements necessary to nourish a child or invalid in the best manner; its moderate price. Send for pamphlet

Dr. Hofman now offers a *trial* pessary on very favorable terms. See advertisement. The great simplicity of this pessary, together with the fact that it addresses itself to any and all displacements of the uterus, makes it exceedingly useful and desirable.

L. H. Gedney's capsules are preferred by many of the leading retail druggists of New York city. To readers of this journal a detailed list and samples of soft and hard capsules will be sent free. Address L. H. Gedney, 1714, First avenue, New York city.

Notice announcement of the Medical and Surgical Directory (page xxx), in course of preparation by Messrs. Polk & Co. Besides a list of physicians, it will contain a very large amount of information valuable to the profession. The above mentioned firm has exceptional facilities for preparing such a work.

It is your duty to your patients to make a practical and direct acquaintance with a so well established preparation as Ridge's Food. For this purpose a pamphlet and sample will be sent free of all cost to any physician who will forward his address to Messrs. Woolrich & Co., Palmer, Mass. Always mention The Medical World.

Do not replace foul odors with a disinfectant equally offensive. People want a *fragrant* disinfectant. Send for a sample of Thymoline and try it. Also send for pamphlets concerning the Oriental Embalming Fluid, which contains much information which phsicians should know. See advertisement. All sent free if this journal is mentioned. Address, The Egyptian Chemical Company, 15 Foster's Wharf, Boston, Mass.

Now that summer suns are coming, diseases of the digestive tract will soon predominate. Do not delay making a practical acquaintance with that tried and established preparation, lactopeptine. A sample for trial will be sent free if The World is mentioned. See advertisement on page xii.

Read carefully the advertisement of Bunn's

Uterine Supporter, on advertisement page. It is claimed that it has never disappointed a single physician who has tried it. Send him $1.50 for one, and 14 cents for postage, and report to him result of its use.

THE long-established and reliable firm of B. Keith & Co., have moved from 41 Liberty street, New York City, where they have been for twenty-five years, to 75 William street, New York City. Our best wishes go with them to their new location. The long existence and continued prosperity of this firm is conclusive evidence of the reliability of their preparations.

WHAT is the use of paying $3 or $4 for a thermometer when you can get a perfectly reliable one from a reliable manufacturer, for $1.25? We refer to John Barry's instruments. His name is blown on each thermometer. See advertisement. The flat back prevents rolling from table or desk. Thermometers sent by mail with perfect safety; guaranteed against breakage.

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THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

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Antipyrin.

The recognition of temperature as an important symptom in disease, and the introduction of the clinical thermometer into daily practice, has shown the necessity for a reliable means to reduce high temperature. For this purpose a number of remedies have been tried, with varying success. Perhaps the most promising aspirant to antipyretic honors is antipyrin, made in Germany from coal tar. It seems to be purely and simply an antipyretic, addressing itself alone to the temperature. In high temperature from inflammations, as pneumonia, it appears to be of greater benefit than in general fevers. It does not antagonize malarial poison as quinia does, and it does not reduce the high temperature of malarial fever as readily as high temperature from other causes. In the pneumonia of children it has been very useful in the hands of a number of observers. Prolonged high temperature in any disease is an element of danger, and a drug that removes this danger, greatly improves the prospect of the patient's recovery. This is what it does in pneumonia. The course of the disease does not appear to be influenced, except that the temperature is reduced. It can in the same way be applied to the high temperature of rheumatism, pleuritis, enteritis, etc. We have not learned of any extensive trial having been made in typhoid fever and scarlatina.

It is said to be contraindicted in structural disease of the heart, and blood poisoning from any cause.

Antipyrin is very soluble in water, seldom disagrees with the stomach, and causes no disagreeable symptoms, as do most other drugs used to reduce the temperature. Its administration per rectum is followed by prompt effect, as it is very soluble. Its action is prompt, and the impression upon the temperature continues sometimes as long as ten or twelve hours, or even longer. Its action is not accompanied by rigors or exhausting sweats, as is sometimes true of kairin. It is, we think, a permanent and valuable addition to our means of combating disease.

Sunstroke.

Sunstroke, "coup de soleil," heat apoplexy, or siriasis, occurs either after prolonged exposure to extreme heat in comparative shade, or from the direct action of the sun. In the latter case, the attack has more significance and is more frequently fatal than in the former. The immediate cause of the symptoms which characterize sunstroke is a more or less sudden elevation of temperature, owing to the presence of more body heat than can be dissipated by the usual channels. Perspiration is arrested, the temperature probably touches 105°, or even runs above it, and there is great tendency to diuresis. Nausea, dry burning skin, rapid circulation, and irregular gasping respiration usher in the graver symptoms, convulsions or coma; a counterpart, in fact, of the hyperæsthesia so frequently met with in rheumatic fever and similar diseases, due to an over-heated condition of the blood. Sometimes the patient

is stricken down and immediately rendered "hors de combat," beyond the possibility of aid. But, in the majority of cases, the onset is more gradual, and the attack sets in with increasing exhaustion, nausea, elevated temperature, and other febrile symptoms. The rapidly fatal cases generally arise from direct exposure to a powerful sun; the less abrupt attacks, due to continued exposure to heat, occur more frequently in the night, especially after great fatigue or alcoholic excesses. During the progress of an attack, the pupils are usually contracted, but, in fatal cases they dilate before death supervenes. In favorable cases, complications frequently arise, such as disordered secretions, epileptiform, convulsions, meningitis, pulmonary congestions and partial paralysis. Symptoms of paralysis or insanity sometimes develope months or even years subsequently to the attack.

When a person is suddenly rendered insensible by the direct action of the sun's rays, he should be at once removed out of its influence, and, if possible, conveyed to a place where there is a current of air. Cold effusion should be assiduously applied to the head and neck, and sinapisms or hot bottles to the lower extremities. Ammonia, or other stimulants are indicated, as soon as they can be swallowed; and the bowels should be cleared by stimulating enemata, as castor oil and turpentine. In cases which come on more gradually, the application of cold need not be so long prolonged, the object being to gradually lower the temperature, induce perspiration, stimulate when the symptoms demand it, and combat exhaustion by nourishment, "little and often." Quinine may sometimes be given with advantage. Cases may occasionally arise in which slight bleeding might possibly be of benefit; but this treatment was more adapted to the olden times, when sunstroke occurred chiefly in armies; the neck of the soldier was "cribbed, cabined and confined," by tight and cumbersome neckwear, and the congested and apoplectic appearance of his face seemed to warrant the abstraction of a little blood.

Persons exposed to the contingencies of sunstroke should be cooly clad, especially about the neck, and should well protect the head. They should drink good water, *ad libitum*, and take tea or coffee in place of stimulants; overcrowding of bed chambers is a prolific incentive to sunstroke, or rather, in this case, heat, apoplexy. Flannel should be worn as a safe-guard against chills.

The New Treatment for Typhoid Fever.

The most recent abortive treatment for typhoid fever is suggestive of vigorous treatment for syphilis. Dr. Kalb, of Germany, is the originator of it, and he has proven its efficacy in more than a hundred cases. It is as follows: Rub into the skin ninety grains of mercurial ointment daily, for six days; make the first application to the abdomen; the second to the inside of one of the thighs, the third to the other thigh, the fourth to the abdomen again, and the fifth and sixth to the thighs as before. After each application, at least half an hour should be spent in rubbing it in; this must not be left to the patient, but should be done by an efficient nurse. It is preferable to make the inunction in the evening. At the same time he gives seven and one-half grains of calomel and three-quarters of a grain of opium internally every five or six hours, the opium being given to prevent cathartic action of the calomel. Alcohol is administered in full doses, but no other medicine is given.

On the second day the temperature falls one-half a degree or more, but the next day it rises again to its original height and remains at this point for seven days, and then falls to normal or nearly so, and does not rise again. But sometimes the temperature sinks to normal before the inunctions are completed; in which case they are to be continued just the same, for the temperature would be likely to rise again if discontinued. In a few days after the fall of the temperature the pulse falls to normal, and the patient becomes convalescent; the spleen however, remains enlarged from ten to fourteen days.

Kalb has carefully compared these results with the results of other modes of treatment, which shows advantages in favor of the former. He has even been reproached by patients who had not been anointed, upon seeing the anointed pa-

tients up and about, while they themselves were still confined to bed. The treatment is not successful if begun after the first nine or ten days. About twenty per cent. of cases do not seem to be susceptible to this treatment, but the remaining eighty per cent. are cured in the above remarkable manner. Whether the typhoid poison is counteracted by the mercury as syphilitic poison seems to be, we cannot say; but the clinical facts stand out in bold relief. Just how much of the credit may be given to the mercury, and how much to the alcohol does not appear; perhaps the virtue lies in their combined action. We do not wish to be understood as endorsing this treatment, but we present it as being worthy of attention, to be proven or disproven by further experience.

A Suggestion.

Dr. R. R. Hall, of Aurora, Ill., suggests—as early numbers of THE WORLD cannot be obtained—that we republish in one number all the formulæ of patent medicines that have appeared in our columns up to the present time. He says that he has talked with a number of medical men who would be greatly pleased if we would do this. After reflection, we think rather kindly of the matter, and we will probably choose an issue during the coming autumn for it. Let those who are not already subscribers subscribe now, so as to not miss it.

Come Back, Daniel.

Dr. F. E. Daniel has retired from the Texas *Courier-Record of Medicine*, leaving Dr. W. B. Brooks in sole editorial charge. We regret to see so brilliant and earnest a man as Dr. Daniel retire from medical journalism. We shall miss his sparkling editorials and keen wit, and hope that he will speedily return to a field for which his talents so eminently fit him. We feel certain, however, that Dr. Brooks will be amply able to keep the *Courier-Record* lively and interesting.

GENTLEMEN, give pneumonia a "rest," until cold weather, and give your attention now to the diseases of the summer season. Let us have some communications upon sunstroke, the diarrhœal diseases of children, cholera morbus, etc.

SEE offer of instruments and inhaler with WORLD on another page. Subscribe for WORLD *now* and take advantage of offer.

The Current Medical Thought.

Open the Wind-Pipe.

As a standing rule, when the presence of a foreign body in the air-passages has been fully established, the sooner the wind-pipe is opened the better.

Mode of Death in Cancer of the Throat.

In epithelioma of the tongue or throat, when death is not caused by the opening up of a bloodvessel, it is usually due to exhaustion, and is foreshadowed by a profuse critical sweat.

Caution in Exophthalmic Goitre.

Exophthalmic goitre, as its progress advances, exercises a remarkable influence over the character, rendering the patient singularly intolerant, irritable and peevish, and it behooves the physician and friends to make all due allowances for frame of mind over which the patient has no real control. By not observing this caution the heart symptoms may be unintentionally aggravated.

A Good "Brace-Up" for a Night-Call.

Strychnia when taken "with brains" is a powerful antidote for fatigue. After a hard day's mental and physical toil, such as falls to the lot of many of our profession, a few drops of the officinal Liquor Strychniæ of the British Pharmacopœia (say minims, viij) taken in a little water or syrup, will impart a refreshing sensation of tone and vigor to the system and brace one up for a possible night-call.

Peroxide of Hydrogen for Diphtheria.

Dr. R. J. Nunn, of Savannah, says that a solution of peroxide of hydrogen is a harmless and effective disinfectant, and solvent of the false membranes in diphtheria, and can be used *ad libitum*. He considers this a proof that antiseptic treatment is necessary to combat the poison of the disease.

Snake Proof.

A Mexico correspondent of the Los Angeles *Times*, says that "along the southern coast of Mexico people have a habit of inoculating themselves with the virus of the rattlesnake or

adder, which novel vaccination renders them absolutely safe forever afterwards from the bite or sting of the deadliest reptiles." Yes, death is a safe refuge from any and all earthly dangers.

Hydrophobia.

Dr. Dujardin-Beaumetz, at the Conseil d'Hygiène et de Salubrité de la Seine, described cases of rabies ending in death. One of the sufferers was a man aged fifty-one, who had been bitten on February 12th, on the lower eyelid, by a dog accompanying an itinerant dealer. The symptoms of hydrophobia appeared on March 30th, and he died on April 2nd. Inoculation from the patient's medulla oblongata produced rabies in animals.

A Protector from Loud Noises.

A "sound-deadener," invented by Dr. Ward Cousins, of Liverpool, Eng., consists of a small elastic air-cushion adapted to the aural orifice, and made of various sizes, to suit the varying capacities of different ears. The little instrument powerfully modifies and reduces the intensity of sound, and prevents the shock from falling directly upon the drum. It has been found very useful by persons working daily in great noise, and also by soldiers and artillerymen exposed to the blast of modern cannon. It does not suspend the sense of hearing, but is only a "deadener and reducer of sound," diminishing the intensity of sonorous vibrations. It is also an excellent protector against the injurious effects of cold water and cold air, and forms an elegant and clean substitute for the old-fashioned and unsightly plug of cotton-wool.

To Prevent Buzzing of Ears Produced by Quinine.

The distressing ear-symptoms produced by the administration of quinine or salicylate of soda are counteracted by the addition of small doses of ergot to the mixture.

Hay Fever.

Dr. Sajous gives the following definition of hay fever: "An affection characterized by periodical attacks of acute rhinitis, complicated sometimes with asthma, occurring as a result of a special susceptibility on the part of certain individuals to become influenced by certain substances, owing to a deranged state of the nerve centers. It manifests itself only provided the mucous membrane, primarily affected in the course of an attack, is in a state of hyperœsthesis, and when the irritating substances are present in the atmosphere."

Treatment of Asthma.

Dr. Germain Seè (Paris) advocates the treatment of asthma, and allied disorders by the inhalation of pyridine. About a drachm is to be placed on a plate in a closed room, and the patient breathes the impregnated air, for twenty minutes, three times daily. It can be immediately traced in the urine. The dyspnœa and oppression are at once relieved, and there are no unpleasant after-effects, except relaxation of muscular power. Calm sleep is also induced. Inhalation is far preferable to subcutaneous injection.

Application for Neuralgia.

Equal parts of oil of cajuput and oil of peppermint, applied locally, relieve the pain of neuralgia and gout.

Safe Croton Oil.

If croton oil be shaken up with alcohol, its irritating properties are dissolved, and it acts as a powerful but benign purgative.

To Abort Mammary Abscess.

Quinine, in doses of ten grains every twelve hours, will frequently abort threatened mammary abscess. It is not, however, advisable in those cases immediately following labor.

For Dysmenorrhœa.

Dysmenorrhœa is quickly relieved by thirty minim doses of liquid extract of hamamelis virginica in a little sweetened water, three times a day.

For Sore Throat.

Strong, black tea, used cold, forms an excellent prophylactic against common "sore-throat." A solution of table salt, one drachm to a pint, is also efficacious.

PERMANENT obliteration in arteries, after ligature takes place in from four to seven days, in veins in from three to four days.

Much Water Needed in Calculous Diseases.

In gravel, and in all cases where there is a tendency to the formation of urinary calculi, there is no doubt that a most important part of the treatment is the administration of plenty of water—boiled water, barley-water, toast and water, mineral waters, soda water, lemonade, tea, coffee or cocoa, as may be preferred; but water, to the amount of a quart or more during each period of twenty-four hours, should be imbibed by those who exhibit tendencies to urinary deposits. Beer, wine and spirits will not do; in fact, excepting in quite small quantities, they are productive of harm. The passage of large quantities of liquid through the tissues *washes out* many comparatively insoluble substances; while, *per contra*, if only little fluid, especially when containing considerable solid matter, permeates the tissues, the tendency to deposition will be increased rather than diminished. The abundant deposits of urate of soda in various parts of the body, so common in cases of gout, would, probably, have not occurred had the fluids been maintained in a proper state of dilution.

Suggestion to Discarded Lovers.

The depression of spirits and nervous exhaustion, for the relief of which many persons fly to large or repeated doses of alcohol, may be much more effectually combatted by sal-volatile (aromatic spirits of ammonia) in suitable doses, say a drachm. This restores the spirits and rouses the energy in a remarkable manner; and is free from the pernicious effects attending the use, or abuse, of whisky and brandy.

Delirium and Lunacy.

The delirium of typhus, typhoid, and scarlet fevers, small-pox, uræmia, pneumonia, meningitis, sunstroke, alcoholic poisoning and severe injuries, is liable to be temporarily mistaken for insanity. Delirium always signifies nervous disturbance; it may be caused by a general affection of the whole economy operating upon the nervous system, and frequently ushers in a fatal termination; but, in most cases, it is preceded by the various characteristic symptoms of the disease on which it is dependent, is usually quiet, rambling or incoherent, occurs generally at night, and is accompanied by high temperature, rapid pulse, dry brown tongue, and high-colored urine; these symptoms are rarely present in acute mania. Acute meningitis bears the greatest resemblance to mania, the mental phenomena being very similar, but the headache, cerebral vomiting, photophobia, contraction of pupils, and high temperature serve as beacons. In diagnosis, the family history is of the last importance.

The Sources of Purest Water.

Water obtained from lakes and open reservoirs is far less wholesome than that derived from rivers. It is always charged with vegetable and animal matter, and swarms with living organisms, in warm weather; whereas the running water of rivers is comparatively safe, as a rule, except under special circumstances, when there exists a known source of contamination. The largest rivers are generally the most reliable for the smaller streams are often suddenly converted into channels for the propagation of disease from infected places on their banks, the drainage of which has passed into them, or they may even become poisoned by substances of vegetable origin entering them far away, near their source. Pond water, and that of superficial wells is, in all cases, unwholesome; and superficial springs and those contiguous to mineral strata are not better. The water from deep wells should be good; but it is exposed to the risks of contamination from the subterranean strata whence it is derived, or from the percolation of sewer or cesspool matters, since these wells are usually sunk in the neighborhood of habitations.

On the whole, preference should be given to the water from *deep springs*, as it is naturally filtered in its passage to the surface.

Examine the Genitals of your Children Patients.

Dr. T. Griswold Comstock, of St. Louis, in a pamphlet, entitled: "Genital Reflexes," presents the importance of this subject in a very strong way. He refers to the relation between phimosis and hip disease, and to the remarkable fact that out of one hundred cases of hip disease in boys in Charing Cross Hospital, London, between 1873 and 1878, in only *six* was the prepuce normal. Thirty-nine of the one hundred had phimosis of the first degree, twenty-seven of the second, seventeen of the third, and the remaining eleven had elongation of the prepuce. Hip disease appears to be less frequent in female children than in male children. Dr. Barwell, of Charing Cross Hospital, is now tabulating cases to show the relation between the condition of the female organs of generation and hip disease. From his present observations, he says: "I can say with cer-

tainty, that in a large proportion of girls afflicted with hip disease will be found vulvitis, even vaginitis with or without discharge, and generally, I believe, produced in the first instance by thread-worms creeping from the rectum to the vagina. In a certain proportion will be found protruding nympha covered by a cuticular surface."

Obscure nervous affections in children frequently have phimosis as a cause. Congenital phimosis, if not removed, will frequently cause imbecility or insanity. In this connection, Dr. Comstock says: "In the report of the post-mortem examination of the assassin—his name we hold in abhorrence, and will not mention—who murdered our late lamented President, Gen. Garfield, it was stated: 'The penis showed that there had been erection and emission; there was also *a tight prepuce with adhesions and abundant smegma.*' In this peculiar case, most probobly the abnormal condition of the man's genitals might have had *something to do with his depraved and vicious mental development*, and which made him a victim of a peculiar psychosis that led him to commit a great and unpardonable crime. From what we know at this present time, may we not conclude that if circumcision had been made upon this man when a child, all of his viciousness might have been lessened, and the consequences of that memorable murder been averted?"

Among the many conditions frequently due to phimosis, may be mentioned: wetting of the bed at night, night-terrors, sleeplessness, fretfulness, indigestion, priapism tending to masturbation, epileptoid spasms, mental weakness verging on idiocy, neuralgia, hysterical conditions refractory diseases of the skin, hip-joint and knee-joint affections, hernia, etc.

The doctor says: "It would seem timely for the profession, with the lessons of experience and the advances of science, to wake up to the fact that the genital organs of the male, as well as those of the female, when abnormally developed, are liable to be attended by serious lesions and complications."

Circumcision is the best operation for phimosis, though slitting or dilation will sometimes answer.

The ancient rite of circumcision, still continued by the Jews, the doctor considers a sanitary blessing. He says: "An objection has been raised against removal of redundant foreskin, by the lay people, from a belief that it tends to extinguish the virile power. This is utterly false. Just the opposite is true. Take the Jews as an example; they are the healthiest race in existence, and their virility is remarkable, impotence among them rare, with remarkable exemption from insanity and nervous diseases, and their general health and longevity may, in no small degree, be attributable to the fact that they still, at the present day, practice circumcision."

Disinfection in Scarlet Fever.

The skin is efficiently disinfected in the desquamative stage of scarlet fever, by sponging with a one-in-twenty solution of aromatic acetic acid. A muriatic acid solution of similar strength will disinfect the excreta.

Prolonged Gestation.

The usual period of gestation in the mare is eleven months, but she sometimes runs a few days over or under this time. Weather, health and diet are the modifying influences. A mare at a stock farm in Vermont was sent to a horse on the 29th of April, 1883, and May 24th. 1884, she foaled, making the period of gestation twelve months and twenty-five days. This is a remarkable case.

Substances Similar to Cocaine.

The neutral principles of tea, coffee and cocoa are almost identical in chemical composition, and similar in physiological action to cocaine. This may lead us to find in either theine, caffeine or theobromine, anæsthetic properties equal to the alkaloid of the coca plant.

Treatment for Carbuncles.

Dr. Bulkley, of New York, recommends the following ointment as a dressing for carbuncles:

℞	Ext. ergot.....	f ʒ ij
	Zinci. oxidi.....	ʒ ss
	Ung. aq. rosæ.....	ʒ ij

M.

In conjunction with this, he gives sulphide of calcium, one-quarter grain, every two hours, and a refrigerant tonic, containing diluted sulphuric acid and sulphate of iron.

As many new subscribers still request back numbers, we will again say that the January and February numbers have long since been exhausted. A few March numbers remain, while the April number has just been exhausted. Sufficient May and June numbers have been reserved to meet a reasonable demand.

Piles, their Hypodermic Injection.

Dr. J. W. Girard says in the *Medical Bulletin*, that he has used hypodermic injections for ten years in treating piles, treating about two hundred cases without a single failure, or return of the tumor. He takes one part of tannic acid, two parts of carbolic acid, and eight parts of glycerine. With this mixture he injects each pile separately, and in a few days they slough away and generally heal kindly under dressings of carbolic cerate. If there be much constitutional disturbance he controls it with a steam-bath or a hot sitz-bath.

A New Alkaloid from Coca Leaves.

As much as occulists already owe to the coca plant, their obligations are made still greater by the recent discovery of "hygrine," a new alkaloid obtained from the leaves after they have been exhausted of their cocaine. The new alkaloid has the property of promptly dilating the pupil. Fortunately this action is immediately counteracted by eserine, so that the occulist has the power to dilate the pupil and restore it to its normal condition at will.

Still Raising the Standard.

At a recent meeting of the Illinois State Board of Health the following resolution was passed:

Resolved, That in order to secure the recognition of its diplomas as in good standing for the purposes of the Medical-Practice Act in this State, it is necessary that each college shall distinctly state in its Annual Announcement that the conditions of admission to its classes are: 1. Credible certificates of good moral character. 2. Diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate. Or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

Dr. Koch's Conclusions Concerning Cholera Bacillus.

1.—The cholera-bacillus is a distinct species of micro-organism, having marked characteristics which distinguish it from all other known organisms.

2.—This bacillus is always present in Asiatic cholera.

3.—It is the only form which is constantly present there and nowhere else.

4.—It is present in greatest numbers in acute and uncomplicated cases.

5.—It is present in the parts most affected.

6.—It is never present in other diseases, or in healthy persons; nor has it been found outside the body when there was no cholera in the neighborhood.

7.—No other conclusion can be arrived at than that these bacilli are the cause of cholera.

8.—Although, by experiments on animals, direct evidence that the cholera-bacillus is the cause of cholera has not yet been obtained, there are various observations which are almost as good as experiments on man, and which go to support the idea of their causal connection.

9.—The natural history of the disease corresponds with the various characteristics of this organism.

THE other day a Sanford, Fla., physician, who suspected that some one was peeping through the keyhole of his office door, investigated with a syringe full of pepper sauce. He found his wife, have an hour afterward, with a bandage over her left optic, and she told him that she had been cutting wood and a chip had hit her in the eye.

Ingenious Drainage of Wounds.

Mons. Houzel, of Paris, has devised an ingenious application of drainage to the antiseptic treatment of wounds. Two-inch rubber drainage tubes are placed in the wound, and the part in contact with the wound presents numerous apertures. The other end is placed in a receptacle containing the antiseptic solution, below the level of the wound; this arrangement establishes a suction movement which withdraws the pus. An antiseptic dressing is also used to protect the wound from air.

Champagne for Bleaching Hair.

Champagne has the property of bleaching hair, converting dark hair to a lighter shade, by washing. But the expense would be an obstacle to its general use. Moreover, many of our fair sisters would probably fail to get the liquid beyond the level of their mouths.

Additions to the British Pharmacopœia.

The more important additions to the forthcoming new edition of the British Pharmacopœia comprises pilocarpine, fluid preparations, of coca, hydrochlorate of coca and jaborandi, ergotine, caffeine and citrate of caffeine, muriate of apomorphia, sulphate and bi-muriate of

morphia, codeine, physostigmine, aloin, elaterine, cinchonine, cinchonadine, nitro-glycerine, cascara sagrada, rhamnus, staphi-sagria, cimicifuga, menthol, cyanide of potassium, bromide, iodide and sulphide of sodium, oleic acid and oleates, some paraffine ointments, some sulphocarbolates, iodoform, eucalyptus oil, fir-oil, thymol, boric acid, salicin, salicylic acid and salicylate of soda. These will, henceforth, all appear as officinal principles and preparations.

Irritable Bladder in Old Men.

Nervous old men often suffer a martyrdom from a form of irritable bladder which is not dependent on organic disease. If they take a little more wine than usual, or a richer diet, or become worried and irritable in mind, they will be called upon to micturate oftener than usual and in the night. The state of urine causing this is generally dependent upon the stomach being a little "out of order," and a few doses of liquor potassæ or bicarbonate of potash, after meals, a mild sedative and a gentle purge, will often remove the trouble. Sometimes a small dose of blue pill or calomel cures him at once. If obstinate, an opium or henbane suppository is of use.

Phthisis in Animals.

The animals most prone to phthisis, and the most easy to be artificially infected by inoculation, are monkeys, guinea-pigs and hares. Cats and dogs are very little susceptible to the disease. Hares are the best subjects for experiment.

Iodine for Cholera.

A one-per cent. solution of iodine is said to destroy the comma bacillus. Drop-doses of the tincture control the vomiting, and seem to be prophylactic, in the premonitory symptoms of cholera.

A Useful Antiseptic.

Half a drachm each, of corrosive sublimate and permanganate of potash, in a quart of water, supplies a useful, all-round antiseptic.

One of Dr. Brown-Sequard's Experiments.

According to Dr. Lugo, Dr. Brown-Sequard once injected the head of a dog, when separated from the trunk with defibrinated and oxygenated blood; and at the moment when the injection had recalled manifestations of life he called the dog by his name. The eyes of the head turned toward him as if the voice of the master had been heard and recognized! *Credat judœus apelia.*

A Test for Pus.

The presence of even a minute quantity of pus in urine or any fluid may be readily detected by the addition of peroxide of hydrogen. Active effervescence immediately takes place, owing to the liberation of oxygen.

Strychnia vs. Alcohol.

There appears to be a physiological antagonism between strychnine and alcohol. Delirium tremens is well combatted with efficient doses of strychnia, and the tremor and restlessness of chronic alcoholism yield readily to its influence. Many habitual drinkers steady their nerves after a debauch by taking about twenty minims of the Liquor Strychniæ of the British Pharmacopœia representing about one-sixth of a grain of strychnia. Larger doses of this alkaloid are tolerated under the effects of alcohol than when in a normal condition.

Phosphide of Zinc for Tubercular Meningitis.

Dr. Thorogood (London) recommends phosphide of zinc in the treatment of tubercular meningitis. He says it acts as a nerve tonic, and facilitates the absorption of exuded lymph at the base of the brain. He effected a cure in seven days by giving the 120th of a grain every two or three hours.

The Operation of Turning.

When you cannot find the feet of a child, in the operation of turning, reach for the fundus of the uterus, and when there, open the hand widely and withdraw it slightly; the feet will then come into the hand of the operator. This operation is often facilitated by the knee-chest position.

Salt for Uterine Hemorrhage.

In uterine hemorrhages, common salt often proves highly serviceable, in the absence of more potent remedies. Dissolve seventy-five grains in a pint of hot water, and give three tablespoonfuls every few minutes. It will not cause nausea.

Sea Water Rendered Drinkable.

Sea water can be rendered palatable by removing the chlorides, and Thomas Kay, President of the Stockport, (Eng.) Natural History Society, says citrate of silver will do this. He says that one ounce of citrate of silver will convert half a pint of sea water into a drinkable fluid, and a man can keep alive on it a day, or seven ounces will serve to sustain life for a week. He proposes that bottles of the citrate of silver should be secured in the lifeboats of ships, and used when absolutely required.

Conditions in Which Albumen and Sugar may be Found in the Urine.

Albumen may be found in the urine, in variable quantities, in diseases of the kidneys, (functional or structural), congestion of renal capillaries, pressure on the large veins, alterations in the blood, affections of the mucous membrane of any part of the urinary tract, presence of blood or pus, or cancerous and other morbid growths, and stone in the kidney, ureter or bladder; in intermittent, rheumatic and scarlet fevers, pleurisy, pneumonia, cholera and during menstruation.

Sugar is always present in diabetes, and may often be found in bronchitis, emphysema, pneumonia, acute phthisis, cholera, some liver diseases, carbuncle, surgical injuries of brain or spinal cord, tumors of brain, after pregnancy, and probably after administration of chloroform, ether, nitrite of amyl, and abuse of stimulants.

Milk as a Summer Diet.

Milk is a very important summer diet, but should be used in moderation or it is liable to produce ill effects. Drink it in small mouthfuls and rest a moment between them. Dyspeptic persons are advised to beat the milk a few moments before drinking. This treatment breaks the butter globules and renders digestion easier. We strongly recommend skimmed milk and fresh buttermilk as summer drinks instead of ice water. The ice water dyspepsia, a common malady during the summer months, may be entirely relieved by using small quantities of freshly churned buttermilk, accompanied by what is known as a moderately dry diet.—*Exchange.*

In the higher class of animals, the brain substance loses its post-mortem motor excitability immediately after the cessation of its circulation.

Prof. DaCosta's Treatment of Cholera.

(Reported from lectures for THE WORLD, by Dr. T. O. Nock, of Jefferson Hospital.)

Prophylactic: Insist upon the removal of all filth; all cesspools should be thoroughly washed out, and the dejecta of cholera patients should not be put into them, but if they must be, thoroughly disinfect first. Dejecta should be burned or buried if possible.

The water supply should be most carefully watched. Water should be filtered, then boiled and re-filtered.

The dead body of a cholera patient should be thoroughly disinfected and specially buried.

Allow a cholera patient to live about as he has always done, but temperately and prudently, taking a fair amount of vegetables, meat, etc., but no green fruit; stimulants had better be avoided.

Disinfect everything—patient's stools, clothing, body, bed linen, bed clothing, and everything used in the sick room. Koch considers corrosive sublimate the most powerful disinfectant, but enough cannot be gotten into the intestinal tract without destroying the patient. It should be used upon the linen, etc., to destroy the germs. Sulphate of copper and sulphate of iron rank next to corrosive sublimate.

Medical: Check the preliminary diarrhœa if possible. This will lessen the mortality immensely. The most valuable remedies are the mineral acids—especially sulphuric—opium and acetate of lead. Combine sulphuric acid with deodorized tincture of opium and camphor water. The physicians of India are partial to the use of one grain of opium with four grains of the acetate of lead, begun as soon as diarrhœa appears and repeated every three or four hours until arrested. If the trouble is not controlled by these remedies, give:

℞	Tinct. capsici.....	gtts. ij
	Tinct. opii.....	gtts. x
	Aquæ camph.....	ʒ j

every two or three hours. Leave out the camphor water if it sickens the patient. Use morphine hypodermically if the stomach will not tolerate the opium, but give opium internally if possible, as its local action is beneficial. When true cholera is developed, and cramps, vomiting and purging are present, restrict the use of fluids by stomach and allow the patient to take pellets of ice with small amounts of a stimulant. Keep the patient at rest. Use friction for the cramps; if not relieved by friction, give twenty to thirty grains of chloral hypoder-

mically over the abdomen, and apply a mustard plaster. These means will arrest the cramps and vomiting.

When reaction begins, be sure to look to the kidneys. If vomiting has ceased, allow fluids in large quantities. Act upon the skin by diaphoretics. If reaction is not taking place satisfactorily, try an alterative plan of treatment. Give from five to ten grains of calomel, and follow with from one-fourth to one-half a grain every hour or so. If collapse is impending, persist with friction, hot fomentations, mustard, turpentine, whiskey, etc. If patient is not too weak, put him in a hot bath (very beneficial.) The use of hot applications is the best treatment that we can employ. Give stimulants as long as they will be retained in this stage, which will not be very long, as the powers of absorption are near gone.

Influence the heart by hypodermic medications. The lecturer thinks that stimlants thus administered will be absorbed, and should be tried. Caffeine, (gr. j ss.) has been used with benefit to stimulate the heart. If the patient is still sinking, something must be done to dilute the blood and render it less coagulable. Blood letting gives remarkable effects at times; perhaps more encouraging is the use of fluids injected into the veins. This has recently been largely practiced in Paris with marvelous results.

℞ Sodii chloridi..... ʒ j
Sodii carb ..... ʒ ij
Aquæ..... ♁ vj

M.—Heat to 108 deg. and specific gravity of 105. Inject two fluid ounces at a time into a vein, until forty fluid ounces have been thrown in.

This solution renders the blood more fluid and less coagulable, and thus favors circulation.

The inhalation of oxygen does no good. It may give slight temporary relief.

Cause of Chorea.

Dr. H. C. Wood read a paper on chorea recently in which he declared it his belief, as the result of experiment and microscopical investigation, that the structural change causing the disease, is an alteration of the ganglionic nerve-cells. This alteration, at first functional, becomes finally organic. It may be caused by emotional disturbance, the plugging of a vessel in the brain, a tumor or some other organic disease.—*Northwestern Lancet.*

Mobility of the Kidneys.

During the performance of an extensive operation on the stomach, involving a free exploration of the neighboring organs, Prof. Billroth, of Vienna, lately seized the opportunity of demonstrating the singular mobility of the kidneys in the living subject. They can be moved in all directions, and can be pushed downwards as much as an inch. He also demonstrated the extreme softness of the substance of the liver, so soft indeed, that it is not easily distinguished from the intestine. The upper part of the stomach is fixed and immoveable; the rest is easily drawn downwards or outwards.

Decoction of Lemon in the Treatment of Urethritis.

Rebatel ("Annales de syphiligr") commends this simple remedy, which was first suggested by Mannino. It is said to destroy at once the vitality of the gonococcus. Three fresh lemons are cut into small pieces and thrown into about ten ounces of water which is reduced by boiling to three ounces. With this fluid three or four injections should be employed daily. After two days a fresh decoction should be made. The following combination may be used instead:

Take of—

Salicylic acid..... 1 grain
Citric acid..... 25 grains
Water..... 8 ounces

Two injections are to be made daily.

—*New York Medical Journal.*

Put Sugar in Your Coffee.

The injurious action of coffee on the organs of digestion is said to be obviated by the use of sugar with it, and in this case it is not only harmless but absolutely beneficial.

Value of Fluid Nourishment.

What there is of man—in a material sense—is made up of food, three-fourths of it being the result of fluid nourishment, and the remainder of solid.

White Bones.

The bones of phthisical subjects are deficient in fat and blood; the Haversian canals are narrow, and the osteoblasts small; the texture is more dense and compact, and whiter in color than the bones of healthy adults; they resemble the bones of youths; and, on account of their color and fineness of grain, make the best skeletons.—Prof. Charpij.

When to Take Medicine.

When rapid absorption of a drug in the stomach is desirable, it is wise to administer it when that organ is empty; that is, before a meal. When the stomach contains food, and also when it is disordered, or in a state of catarrh, its absorbent power is much diminished, and when the drug is administered after a meal, most of it is carried away with the residue of the food, before it has even time to become assimilated. Those unfortunately addicted to the daily use of stimulants would do well to bear these facts in mind, and give way to their indulgence only after supper or dinner, in which case little of the poison would be absorbed, most of it passing away with the food; whereas spirituous liquors, in an empty stomach, not only injure the mucous membrane by direct contact, but they are almost wholly taken up by the system.

Points.

In studying the modus operandi of different therapeutic agents, we are disposed to attach too much significance to modifications of the vascular system, and too little to changes in the muscular and nervous systems.

We are prone to imagine that the action of irritant agents is the direct outcome of the pain they provoke. Many nervous affections have their origin in the presence of intestinal worms and other irritating foreign bodies, and the irritation so produced is not always realized.

An attack of neuralgia may be arrested by simply painting the surface with a solution of nitrate of silver; nevertheless, this painting provokes no sensation.

The re-absorption of a liquid effused in a joint is effected more rapidly by quick cauterization with an instrument at a white heat, and is attended with less pain and wounding than by the ordinary red-hot cautery. We say that when a motor nerve is excited after death, its irritability at first increases, then remains in *statu quo* for a time, and at last dies out. But this is not so; post-mortem irritability does not disappear by these stages, and, moreover, we forget to take sufficiently into account the state or condition of the muscles.

WHENEVER a case of scrofulous disease was presented at his clinic, in the person of a child *whose father had been in the army*, the late Professor Gross, asking no further questions, would turn to the class with the single, but significant remark: "*Specific*, gentlemen!"—*Medical Herald.*

How Does American Journalism Aid the Development of the Medical Profession?

The *New York Medical Journal* says that "it regards the great distinctive service of American medical journalism as sown mainly in its counteracting influence in removing the pendantry shown in the medical colleges, and encouraging the expression of original thought in young men." Surely, it were a great thing to remove the stupidity engendered by medical schools, and to draw forth the powers of original thought which are dormant in the young doctor. Of the truth of this view we have no question, nor can any editor of any experience or success fail to have many personal experiences in this sort of work. In the very best sense of that term the medical editor is a teacher, and this, too, in causing others to work for the common good. The education follows from the efforts of the young doctor to learn something of profit or interest to the profession, and then place this before the profession in the most attractive shape. The medical editor, in order to make his journal a success, is compelled to get the best work expressed in the best way. Most of the older members of the profession have never learned to write, and as they become burdened with the cares of a large business, it becomes impossible for them to learn the art of writing. Much they possess of positive value to the profession, but from the defect of not being able to write with comfort, their knowledge dies with them. The medical editor can get little help from them. There are a considerable number of the members of the medical profession who could not write a decent article, if they had any distinct ideas to put in it. Obviously, the medical editor can do nothing with this class. But there is another class of doctors, who have the general culture and the brains, but are too modest to think of writing for the benefit of their seniors. From this class the medical editor draws most of his working colaborers. By encouragement, by personal solicitation, by aid in matters of reference, by stimuli, of ambition, of professional pride, by appealing to the sense of his obligations to do for the general profession that which lies in his power, many of this class are brought into active service in medical journalism. Having encouraged to habit of expression, the editor stimulates the habit of original research. Of course, different individuals will be stimulated in different directions. So, at last, the editor will have writers in every portion of the field of the art and science of medical surgery. Hence, it comes about that the editor sends men to work with the microscope, in the chemical labora-

tory, in the pharmaceutical laboratory, in the physiological laboratory, in the anatomical room, in the hospital, in the dispensary, in the tomes of medical literature of every language, and of every age. In short, he has these men at work in every field, congenial to them, and such that they can reach it.

In a very real sense, an editor is like a captain of a ship; he shows his abilities not so much in what he does himself, as in what he can get others to do. That there are not more really good medical journals, is due to the fact that there are really few medical men having the power of getting others to work in the fields leading to medical journalism.

When a young doctor has begun to realize that he can talk to the entire medical profession, life and study takes an entirely new aspect. The day of small things is past, and the day of an enlarged and enlarging manhood has come to him. One who does realize this truth will never write a poor article for publication. The poor articles come from quite a different sort of men. These the medical editor gradually weeds out.

Of his direct and indirect influence upon the conduct of medical colleges, and upon medical societies, and medical publishers, writers of medical books, and the relations of medical men, we have not time to speak. But in all these things the medical journal is the means by which the process of both good and bad education goes forward. Out of all these educational processes the medical profession is slowly rising higher in its development.

To every young man who would make the most of his powers, we say: think, observe, and write for the medical press constantly. It may be that one article a year is all that any particular person can produce. It may be that longer time will be required, but whether the time be long or short, be sure to begin, and keep up the habit, of correct thinking, constant study, and correct and frequent writing. —*Detroit Lancet.*

[There is much truth in the above. It is our satisfaction to know that the working force of THE MEDICAL WORLD is *at the bed-side* in every portion of this country. Our province is the practical results of the clinical study of the treatment of disease. That our working force should grow constantly larger and better should be a natural result. This must depend upon the working portion of the profession, who are chiefly interested.]

SINCE the lands of Vermont were thoroughly drained, consumption in Vermont is said to have fallen off nearly one-half.

How to Diagnose Gonorrhœa in the Female.

The difficulty of differentiating a specific vaginitis from a simple or catarrhal inflammation of the vagina, has probably worried most of our readers. A mistake in diagnosis in these cases is also a matter of very considerable importance. The happiness of a home may hang on the issue. It becomes the physician in such a case to hew to the line, let the chips fall where they may; but he must be particularly careful that none of them fall on his own toes. There has, up to the present time, been no pathognomonic sign which might serve as a guide in such a perplexity. At a recent meeting of the Paris Obstetrical and Gynæcological Society, however, Martineau suggested one which may answer the purpose. The pus of the specific vaginitis is said to be always acid, while in the simple variety it is alkaline. A little piece of litmus paper, therefore, will tell the story. The importance of this discovery cannot well be overestimated. Both on account of social and medico-legal reasons, its importance is very great.—*Medical Age.*

Reducing the Size of the Nose.

Multiple punctiform scarification is the treatment adopted by English surgeons for the purpose of reducing the size of the nose. The process consists in rapidly pricking the nose with a number of minute double-edged blades fastened in a handle, about 3000 punctures being made at each sitting. The nose is kept well anointed, and after some months have elapsed the patient thinks it is smaller.—*Ex.*

Resorcin for Eczema.

Resorcin, five parts, to vaseline, one hundred parts, is used by Andeer, of Munich, for infantile and other forms of eczema. He claims that the results are better than from any other treatment with which he is acquainted.

Justice to a Scientific Man.

Dr. Carl L. Jensen, the well-known manufacturer of pepsin, has recently gained a suit which has been long pending, concerning his priority in the manufacture of peptone-pepsin. The profession is indebted to the Doctor for supplying a vastly superior quality of pepsin. He should have the same protection that other inventors have. This is only justice to genius and inventive skill.

The above cut scarcely needs explanation. It is one of the very best inhalers that we have seen. Medication by inhalation is deservedly coming into larger use. Before us are advance sheets of an elaborate illustrared article by Dr. Cutter, describing the inhaler and its uses. This article will appear in the July number of *The Physician's Magazine*, a new quarterly. Those of our readers who order the inhaler as per offer on next page, will receive this number gratis as soon as published. The price of the *Magazine* will be one doller per year; single numbers thirty cents. It will be published by Messrs. Foote & Swift, 1539 Chestnut Street, Philadelphia.

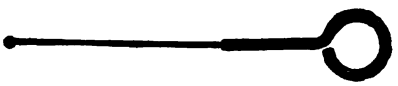
New Instruments.

SWIFT'S ADJUSTABLE HOLDERS.

Long. Length, 9 inches.

This instrument is made of tough, flexible metal, nickel-plated, highly polished, graduated in half-inch spaces.

The handle is 4 inches long, finished in black jet enamel.



Short. Length, 2 inches.

This instrument is made of the same metal, and is plated and polished in the same manner.

ADJUSTABILITY.

These instruments all have an inset screw one-quarter inch in depth, of uniform gauge, and cut on a scale of 68 threads to the inch. Tips for numerous uses can be attached to the instruments by means of this screw. The same tip can be used with a Long or Short Holder at pleasure, thus virtually doubling the range of uses.

SWIFT'S ADJUSTABLE TIPS.

Flexible. Length, 2¾ inches.

These tips are made of soft copper finished with white plating. This plating will not scale off, and will resist the action of acids perfectly for all practicable requirements. They are of uniform gauge. The screw for attaching them to the Holders is one-quarter of an inch in length and is cut on a scale of 68 threads to the inch, corresponding with the thread in the Holder.

The bulb is formed from the solid metal.

ADAPTABILITY.

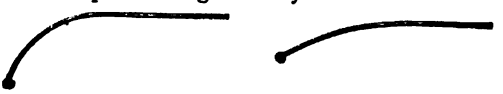
These tips and holders are adaptable to such various operations, they can be said to be universally useful. One marked feature of the tip is, that on account of its small cost—but two cents—a physician can afford to twist, cut or notch it in any way desired, to adopt it to a special use, or destroy one for an operation. In the hands of a physician having good mechanical skill, these Holders and tips can be made to do the work of a large number of expensive instruments. Again, as any physician can afford a new tip whenever an old one becomes undesirable, he need not buy silver, aluminum or platinum.

In short, they decrease expense for instruments, save weight and space, save time and care, and in an unforeseen emergency, they are easily adapted to many uses.

SOME ADAPTATIONS.

1. *As a Flexible Uterine Sound.* When attached to the Long Holders, the tip extension furnishes the uterine gauge of two and one-half inches. The graduated scale on the Holder indicates the depth of an insertion, while a mark easily made on the jet handle indicates the direction.

The tip can be given any curvation desired.



2. *As a Flexible Applicator.* For this purpose, when desired, the tips can be barbed with an ordinary knife, or if used smooth, the bulb may be cut off to facilitate removing the cotton. A number of wads may be prepared upon different tips in any desired shape, and used in place of brushes, etc., etc.

Again, after using, tips can be thrown aside, if operations are hurried, until a convenient time to cleanse and disinfect them. Or, a tip can be kept fixed in a Holder and the wad can be wound on and stripped off for each operation the same as any ordinary applicator.

With the *Long Holders* they can be used in the *Throat, Uterus, Male Urethra,* or any deep cavity.

With the *Short Holder* they can be used in the *Eye, Ear, Anterior Nasal Cavities, Female Urethra, Anterior Male Urethra,* or any shallow cavity.

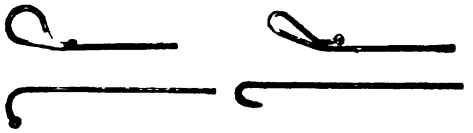
3. *As a Sponge Holder* for use in small cavities, especially the *ear,* or for general use when necessary to extemporize something for that purpose.

A piece of sponge, varying from very small to one of considerable size, can be firmly attached to a tip with ordinary sealing wax. In doing this the tip should be heated first, the wax dropped on to it and the sponge pressed into the hot wax.

4. *As a Blunt Curette*, by bending a tip into a round or oblong loop.

These curettes may be made on the instant; or, a physician can shape them in his leisure, to suit his own idea and carry them in his pocket case ready for use.

5. *As a Hook*, with or without the bulb.



The surgical uses of a hook are too numerous and too well understood to require any description. The ease with which a tip can be converted into a hook is apparent.

Other adaptations for these tips will readily suggest themselves to every physician using them.

The models for all of these illustrations were made from straight tips, with the aid of a penholder, pocket knife and hammer, a spirit lamp and sealing wax.

Other tips, adapted for permanent or variable uses, will be manufactured from time to time, and supplied at extremely low prices to physicians having these Holders. We will also manufacture tips to order from special patterns.

PRICE.

The advantages of these holders and tips have been immediately recognized by every one of a large number of physicians. We have adopted a selling price named by them, at which, in their opinion, every physician will buy *at once*, without entailing on us the expense of special advertising or solicitation. We have manufactured Holders and tips enough at one time to supply nearly every physician in the United States, in order to offer them at the price named.

A SET COMPRISES

1 Adjustable Holder, Long.
1 " " Short.
10 Adjustable Flexible Tips.

WE WILL SEND THIS SET COMPLETE, POSTAGE PAID, ON RECEIPT OF ONE DOLLAR;
EXTRA TIPS, TWO CENTS EACH.

A GUARANTEE OF SATISFACTION.

We agree to refund the money to any physician not satisfied with the set of holders and tips who will return them to us within one month after receiving the same.

FOOTE & SWIFT,
1539 Chestnut Street, Phila.

These are the simplest, most useful and most inexpensive instruments that we have ever seen. The tips are both flexible and removable; the holder, is made of firm, tough, but flexible metal; don't be afraid to bend it. The uses of this set are almost without limit. They are in use by many prominent members of the profession in this city and New York, who are delighted with them. They take the place of many more expensive instruments.

To Our Subscribers.

Being intimately acquainted with the inventor of the above instruments, we have with much interest watched their various stages of development to their present state of simplicity and perfection. Always being anxious to serve the interests of our subscribers, we have, with some difficulty, and by virtue of our personal and business relations with the above firm, and *entirely* in the interest of our subscribers, arranged to make the following offer: The price of the instruments is one dollar per set: the price of the inhaler is one dollar; paid up subscribers of THE MEDICAL WORLD sending one dollar *during the present month* (July), will receive A SET OF INSTRUMENTS AND AN INHALER, each post paid. Orders must be sent to THE MEDICAL WORLD, 401 South Eighth street, Philadelphia, Pa., when we will immediately refer to our books to ascertain if the sender of the order is a *paid up to date* subscriber; if so, the order will be turned over to Messrs. Foote & Swift and promptly filled. If the books show that the sender of the order is not a subscriber, it will not be filled, but the money will be returned. If you are not a subscriber, inclose $1.00 for WORLD and $1.00 for instruments and inhaler and your order will receive attention. As this is intended as an opportunity for our patrons, and as the terms of our contract are very strict, it is necessary to be very particular.

It may be asked, why are you so anxious to benefit your patrons? Is not your journal worth all that they pay for it? We reply that we have much evidence that our efforts to produce a useful journal are most highly appreciated, and that it is valued far beyond its cost, many subscribers writing that each number is worth more to them then the entire yearly subscription price. Further, it is our exceedingly pleasant relations with our readers that prompts us to obtain every possible advantage in their favor. Prompt renewals (always necessary, however, if journal is continued), hearty cooperation, and especially the obtaining of new subscribers by our patrons in every section of

the country, have placed us under many obligations. We take this method of acknowledging past favors, and we solicit their continuance. As new subscribers are granted the same privilege in regard to this offer as old subscribers, each old subscriber can get at least *one* new subscriber, and thus our already very large subscription list will be doubled. This will conduce to the benefit of all, as the journal will become more interesting and useful to all. Do not neglect the opportunity to benefit both yourself and THE WORLD.

In these days of dollars and cents, the above offer stands alone in not being a money-making scheme except to those who accept it. We will be at the expense of extra clerk hire, and Messrs. Foote & Swift will be benefitted chiefly in establishing an acquaintance and business relations with the readers of THE WORLD. This is a young and enterprising firm, and we wish to say that it is in every way worthy of the complete confidence of the profession. We will give assurance in our own name, that should either the instruments or inhaler be unsatisfactory, the money will be refunded if the goods are returned in good condition within thirty days.

Always take great care when remitting money. Letters properly and carefully directed generally reach their destination safely; but we must decline to be responsible for losses unless letter is registered, or post-office order sent.

Hypnotic Formula.

When chloral and opium are contra-indicated, as in cardiac weakness, progressive paralysis, and grave disturbances of the respiratory functions, paraldehyde is a valuable and entirely safe hypnotic. The following is a good formula:

℞ Paraldehyde.....	grs.	1
Syr. lolutani.....	ʒ	ij
Aquæ dest.....ad...	ʒ	j

M.—To be taken at one dose and repeated as required.

DR. MATHIEU, (Paris), reports the cure of a case of strangulated hernia (which could not be reduced in the usual manner) by the administration of hyoscyamine with citrate of caffeine. The protrusion entirely disappeared. He supposes that the spasm of the muscular and fibrous parts, which detained the hernia, succumbed to the hyoscyamine, and the citrate of caffeine acted similarly on the intestines. He gave the thirty-third of a grain of hyoscyamine, and the thirteenth of a grain of citrate of caffeine, repeated in three hours.

Bacteria Always in the Bladder.

Much has been said concerning the influence of bacteria in exciting catarrhal inflammation of the bladder, and it has been laid down, as if it were a matter of extreme importance, that a catheter before it is introduced should be carefully anointed with some reputed germicidal preparation. It is indeed strange that those who speak so very confidently about the introduction of bacteria should not have taken the trouble to ascertain whether these organisms were not already present on the surface of the mucous membrane. As a fact, millions are to be found on every part of the urinary as upon every other mucous membrane, all the old epithelial cells about to be cast off being pervaded with them in every part. It is, therefore, ridiculous to insist upon minute precautions being taken to prevent the introduction of the organisms on a catheter. They are already present in legions, and continually increasing and multiplying. Their extermination is impossible.

A New Rival of Quinine.

An alkaloid derived from the inner bark of the pear tree, has cured cases of intermittents which have resisted quinine, arsenic, etc. The alkaloid is called "pereirine," and is given in quantities of thirty grains per day. Dr. Ferreira, of Brazil, considers that it may become a rival to quinine, and Dr. Baker, of Brazil, thinks that it is destined to become a great blessing to malarial regions.

Acute Abscesses.

Prof. S. W. Gross says it is a mistake to apply a poultice to an acute abscess after its contents have been evacuated. The endeavor should be to prevent and not to encourage the further formation of pus. To do this the cavity of the abscess should be syringed out with a 1 to 1000 solution of mercuric bichloride, and the walls brought together by compresses and a bandage, and union allowed to take place by granulation. If the abscess be of large size a drainage tube should be left in for a couple of days until the serous oozing has been reduced to a minimum. The tube should then be taken out and the walls brought close together. If the healing process be delayed by the development of flabby œdematous granulations they can be stimulated to healthy action by the injection of a three per cent. solution of carbolic acid or the application of three grains of chloride of zinc, one ounce of water.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

CERTAINLY it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Ergot for Basilar Headache.

Editor MEDICAL WORLD:

Within the last five years there is perhaps no one remedy in the whole MateriaMedica whose range of therapeutic application has been so widely extended as that of ergot. The older practitioners of medicine remember well when ergot was not thought of except in cases of obstetrics. Were that its only application it would be enough; but a progressive medical profession has demonstrated its extended use, and I may say conclusively proven that it is without a peer in many pathological conditions. Not to mention the different affections and diseased conditions for which it is highly, and I doubt not justly, lauded by men eminent in the profession, I wish to call attention to its use in certain peculiar, nervous conditions which are quite often met with in both sexes, of all ages and at all seasons of the year. I refer particularly to that condition which I can define only by saying, it is a *neuralgic headache*, confined principally to the base of the brain. In this complaint there is no doubt an active hyperæmic or congested condition of the arterioles and other vessels in that region. As to whether ergot acts in any way specifically upon the nerves and nerve centres, I am not fully satisfied; but that it does have a direct and specific action upon the non-striated muscular fibre we are all agreed; hence we think it indicated in all cases where vascular alterations exist. This being true, it opens up a wide and interesting field for the use of ergot.

But to facts. I have for some time been using this remedy in basilar headaches; I might as well say, however unscientific it may be, that I pay very little attention to what the cause, or *supposed* cause may be, if this symptom is complained of I give fluid extract of ergot in fifteen to sixty drop doses every thirty minutes to two or three hours, as circumstances seem to require. I will recite one case. Mr. B, aged 34, was attacked very severely with neuralgic pain "shooting through his head from temple to temple" as he expressed it; he made no complaint for a day or so, hoping it would "let-up," himself taking meantime two doses of sulph. of quinine of five grains each. Quite suddenly all the pain left the temporal region and settled in the back of his neck with increased fury. I was called to see him at this stage of the proceedings, and found just the condition above named. Functions of the body were all right; no tenderness along the spine; temperature 99° F. Nothing out of the way, only the "terribly agonizing pain in the back of head and neck." I at once gave a teaspoonful of P. D. & Co.'s Normal Liquid Ergot; in thirty minutes he said he felt a little better, when I gave thirty drops more; in thirty minutes more he felt quite comfortable, when I gave him one-half teaspoonful more; left directions to take one-half teaspoonful doses occasionally if necessary to keep pain quiet. He has not taken a dose since the last one I gave him and this was nearly three months ago. Nothing else was given the patient, and the next day was "well as ever, only the muscles of neck were a little stiff." Pregnancy is not an absolute contra-indiction, provided the dose is not too large or too often repeated. I have seen nothing particularly in any of the journals on the use of ergot in such cases as cited; but my experience with it has been quite sufficient to warrant me in very strongly recommending it to the profession in all forms of headache confined mostly to the base of the brain.

ELMORE PALMER, M. D.

BOULDER, Col., June 19, 1885.

More About Pneumonia.

Editor MEDICAL WORLD:

June WORLD just received, and while looking over its contents I notice on page 217 a short article from Dr. Bowlen. He says: "In twenty-eight years' experience have never lost a case of pneumonia, and have never given one grain of quinine in treating it." As I read that I remarked, Amen! and resolved to add my testimony against the use of quinine and a few other agents too often used in the treatment of pneumonia.

Pneumonia seems to have had its share of attention in your journal for the past few months. The letters of Dr. Douglass and Prof. Wm. Scribner were especially interesting, and the manner in which Prof. S. handled Dr. Griffin's thirty-year-old treatment was good. Dr. Murray objects to Dr. G's treatment, saying: "I cannot but think some advancement has been made in the treatment of pneumonia during the past thirty years." Very true; but I fail to see any advancement in his treatment over that of Dr. G's, by the use of

calomel, saline cathartics and blisters, veratrum, even, until nausea is produced, thus depleting and depressing until, as he says, "the period of crises approaches; * * * then increase the amount of whisky, brandy and ammonia; by so doing lives of patients are frequently saved."

As briefly as possible I wish to describe two cases of pneumonia. Case 1, young man, age 21, taken with chill and vomiting; on second day temperature 102° to 103°, respiration 28 to 32; face and neck showing turgescence and a dusky hue; air scarcely seeming to enter left lung. On fourth day congestion appeared low down in right lung, and all the bad symptoms were intensified. On the sixth day peritonitis set in.

I was first called, and a neighbor physician then called in consultation, who had the case principally under his control throughout its course. Flax-seed applications and, later, a fly blister, aconite, gelsemium, muriate of ammonium, Dover's powder, quinine and ipecac were used.

Ergot was given late in the treatment, but too late to be of any service. Whisky was given continually. The patient passed the climax and finally recovered, the doctors getting much credit for their skill, when in reality they simply stood by and saw a strong constitution resist a disease which passed through all its various stages and did the most natural thing for it to do—get well.

One week later case No. 2 developed in same family; young man, age 17, was taken same as case No. 1, chill, vomiting and severe headache. I was called on second day. Flax-seed applications had been used from first of the attack. Temperature, 103.5°; respiration 30, and a groan with nearly every breath. Dullness over lower half of right lung. Face and neck full and dusky.

Commenced treatment with fluid-extract of ergot, thirty drops every two hours until three doses were taken. After four hours, respirations were much improved; pain and tightness across the lung disappeared, face returned to its natural color. A solution of aconite and sweet spirit of nitre was given every hour, and Dover's powder to secure rest, plenty of milk and other suitable nourishment as often as the stomach would bear it. Twenty-four hours later, or on the third day of the disease, found patient very much better. A case which in the commencement presented all the bad symptoms of case No. 1, but treated without nine, whisky or blistering.

I think Doctor Epen is rather enthusiastic on the subject of ergot in his article in March number of WORLD; but from that article I got the idea, and to your valuable journal I give the credit, of advancing new and successful treatments for the many diseases that doctors have to contend with, and many times helping them out of a tight place.

BURNELL, Wis. E. A. BASS, M. D.

Ether in Hysterical Conditions.

Editor MEDICAL WORLD:

Probably every physician who has had much experience in the treatment of diseases of women has frequently been astonished at the great variety of conditions which that most unfortunate female called "hysterical," can get herself into.

While it may generally be safe to consider hysterical states, or conditions, to be but the manifestations of some organic disease, or functional derangement, yet these so-called "symptoms" oftentimes present such a realistic counterfeit of diseases of an entirely different nature, that the physician is frequently misled into an incorrect diagnosis, and the patient may thus be made to suffer for months or even years, from the presumed exisience of a malady which in reality has never been present.

There is a condition with which I have been made familiar during the past two months, which in the three patients similarly afflicted invariably follows any painful mental condition, evoked by whatever circumstance, as grief, horror, disappointment, etc. This condition commences suddenly with a sharp muscular pain below the shoulder-blade, which, in a very few minutes gives way to a most intense "crampy" pain in the stomach; so intense is it that the patient in a very short time becomes perfectly prostrated, lying on her back with hands clenched over the gastric region, and perspiration literally running down her face. Internal remedies are immediately rejected by the stomach, the pulse is quick and uneven.

This was the condition in which I found my first patient, and it was but an index to the other two.

I was told that she had had quite a number of these spells and no physician had ever been able to relieve her. Relief could only be obtained by large stupifying draughts of whisky. Taking this fact for my key-note, I immediately resolved to go out of the customary routine of her previous physicians and neither deluge her stomach with nauseating remedies nor employ the hypodermic syringe, which she had learned to hate. I would employ a remedy which would act upon the spinal centres in the same manner that whisky had, namely, as a motor

depressant, but in a much quicker and more direct manner. My remedy was sulphuric ether.

Ether has long been a favorite with me in treating all sorts of nervous conditions. I have found (let the general condition of the patient be what it may) that the hysterical symptoms will, by the use of this agent, very quickly disappear. By this I would not have it understood that the unconscious stage is by any means necessary; sometimes one long inspiration from a saturated handkerchief is quite enough. I have never given the patient a quantity sufficient to produce lethargy. I find ether to be a *specific* in all spasmodic hysterical conditions. I also consider it to be possessed of considerable diagnostic value. The patient rarely objects to inhaling it. If one complains of the odor it may be disguised largely by dropping oil of checkerberry into the bottle containing the ether.

Laughing and crying states are immediately stopped by a few inhalations, and I find the patient soon comes to use it herself, thus preventing the attack, when she realizes the approach of a "spell," as they generally term it.

The sinking sensation which some women experience upon going into their first sleep at night may be stopped by this remedy. This sensation is to them very real, and alarming in the extreme. They feel that they would never awake if allowed to go to sleep, and hence will persist in sitting up until daylight, when with the dawning day all their apprehensions vanish, and they return to bed and sleep unconcernedly, while the unfortunate members of the family tiptoe past the door in a state of apprehension or anger as their view of the case prompts.

In the flatulence of hysterical women I find Hoffman's anodyne in small doses very effectual and agreeable. I add valerian in some instances unless the patient refuses to take it, in which case I never attempt to give it, as all the benefit which might be derived is more than counterbalanced by the evil which the forced administration of any remedy brings about to a hysterical patient. In globus hystericus and hysterical nausea and vomiting, small doses act beautifully. In sharp neuralgic pains and muscular stiffness, an application of ether and the oil of checkerberry will generally be effectual, taking care not to blister.

These numberless and changeable conditions which are so easily disposed of under that accommodating and elastic term "hysteria" are very hard to cope with in all their protean shapes. The name as generally understood, suggests some abnormal condition of the female generative organs, but this cannot be the case invariably, although it may invariably be present in all prolonged cases of female derangement, showing itself in vaious ways. But hysteria may, with equal certainty, result from nervous exhaustion, or irritation of the cerebro-spinal nervous system. Indeed, so little is absolutely *known* of the state of the nervous system in some of its phenomona, that I believe it might with equal propriety be regarded as the *progenitor* of disease, as well as the offspring.

Certainly hysterical paralysis and hyperesthesia must not necessarily proceed from derangement of the female generative organs, inasmuch as these conditions are not confined to the female sex alone. I think any experienced practitioner could verify this with numerous illustrations of his own observation in wasting diseases of the male.

But in all its phases it is but an illustration of the many incomprehensible vagaries to which the delicate nervous make up of the human being is subject, and in its more refined and delicate forms is always common to the nervous temperament, and may be detected in the line of generation as visibly as tuberculosis or any other diathesis.

In fact society would lose its most powerful elements if a perfect state of health should really become an established possibility. An abnormal condition of the cerebro-spinal nervous system has made the reformer, the poet and the actor, adding an indescribable something which is commonly mistaken for talent, as illustrated in some of our noted emotional actresses, who by shedding real tears themselves, inveigle their audience into doing the same thing.

FLORA S. RUSSELL, M. D.

BOSTON, Mass.

What Will Relieve Neuralgia of the Stomach?

Editor MEDICAL WORLD:

About nine o'clock P. M., April 14th, while on my way home from visiting a patient several miles in the country, I was caught in a thunder storm. The night was fearfully dark, except when lit up momentarily by a lightning flash, then to be left in worse than Egyptian darkness. One of my horses slipped into a ditch, carrying one of the front wheels of the buggy over the embankment, and I was thrown out into space and I landed at the bottom and opposite side of the ditch, which was about eight feet wide and six feet deep. As a result, I sustained a fracture of both arms, besides being badly shook up otherwise. This was bad enough, but to make matters worse, in a few days after the accident I had an attack of

neuralgia of the stomach and bowels. Have had two attacks, one lasting four days and the other seven days and nights. I have taken and applied everything I have ever prescribed for others, or read of, but nothing seemed to give me relief. I have had good success in the treatment of this disease with "tongaline," but I have taken four times as much as I have prescribed for others and it failed to reach my case. Then I took and applied all that five other physicians prescribed for me (and I still live). At present I am taking black mustard three times per day as a preventive; have been taking it two weeks, and so far the neuralgia has not returned. Now, if you or any of the readers of THE MEDICAL WORLD can give me a remedy for the fearfully acute suffering known as neuralgia of the stomach and bowels, you or they will confer a great favor on me.

S. B. DIVELBISS, M.D.

LA CYGNE, Kansas.

When Doctors Disagree.

Editor MEDICAL WORLD:

My apology for this—may be unprofitable article—must be sought in the desire, which I believe is shared in common by the majority of us, to let nothing derogatory to the dignity of the profession pass unnoticed.

Prof. Wm. M. Scribner, as a preface to his production in the May number of the WORLD, has seen fit to compare its large corps of correspondents to a "M. E. class-meeting department," and offered himself as the first instance of a professor proclaiming the unworthiness of his creed!

Dr. J. M. Griffin's treatment of pneumonitis, is, of course "after the antique"; his case of membraneous croup without a precedent; I should not care to defend nor adopt his course in either case. I fancy, however, it compares very favorably with the treatment of necrosis our venerable critic had adopted!

"Fever sore, extended from ankle to knee, lasted *four years and eight months;* cured with botanical remedies only, and a salve; no return after forty years." Shades of Hippocrates, forgive! That it should take nearly five years to find a physician with balm enough in his vials to cure a necrosis with exfoliation, is pregnant with sinister meaning!

Our inference is confirmed by the declaration, that he is not a practicing physician now. I beg the reader's pardon for calling attention to the professor's array of quotations. To-day I unearthed a little book from the grave to which it had been so long consigned—(I bought it several years ago—it was one of my "indiscretions of youth"—it cost only the postage and is replete with advertisements of "guides" to wealth, love, marriage, etc.,) and I see, that if the professor had transcribed all its detractions regarding medicine as a calling, he might have increased those in his May effort just 100 per cent.

To cite, in fragmentary sentences, such men as Rush, Cooper or Chapman, I hold to be the rankest injustice; one could do as much from Sims, Parker or Gross. These men now rest; no creed can more disturb them; all their brilliant lives were offered to medicine, and they are by no man yet forgotten, great chivalric souls had these men; they had met and defeated life's fell enemy in a thousand fierce encounters—they would have brook'd the very devil to save a life from death—and, I say, to misquote these is to falsify their life returns, and to do that is not only to insult their memory, but to overstep the limit of mercy—to commit an unnamable and unpardonable offense. Let us deal fair with the living, that we may be just to the dead. And when a blur or a stain threatens the beauty or purity of our profession, let us resent it, unfitted though we be. For there is no grander picture on earth that the mind's eye can see, than the MEDICAL PROFESSION, with its thousands of workers; some of them the masterpieces of the gods, others less, perhaps! All equal in earnestness. There should be no detractors from within—leave this to the willing laity!

J. S. LEONHARDT.

SEWARD, Neb.

Wound of the Œsophagus.

Editor MEDICAL WORLD:

Vol. III, No. 5, of your journal makes note of a wound of the œsophagus. I herewith offer a much more remarkable case of wound of the œsophagus, as the same has never been published.

On the 20th of February, 1881, A. R., a Californian, received a charge of number seven bird shot from a shot-gun fired at a distance of five feet, striking him in the breast and penetrating the chest between the apex of the heart and the mediastinum. He was found by the surgeon about three or four hours after the occurence, in a profound state of collapse, his death imminent, but he gradually rallied, and in four days thereafter was moved ten miles over a rough road for treatment; and in one month was discharged well, the wound having healed. The point of this article is this: that on the third day after being wounded he discharged from his bowels, with the fæces, a quantity of the bird shot fired into his chest;

in all about thirty shot, which must have entered the œsophagus and fallen into the stomach, and then passed off through the bowels. He never manifested the least inconvenience or pain in swallowing liquid food, to which he was confined for a few days, and seems to have had a full capacity for swallowing. At what angle the shot entered to avoid fatal injury to other vital parts is left to surgeons better posted than the writer (now seventy-eight years of age), to determine, as the wound, for good surgical reasons, was not probed, except superficially with the finger; but the facts are *absolutely correct* so far as stated. D. HUBER, M.D.
GILROY, Cal.

Reply to "Prof." Scribner.

Editor MEDICAL WORLD:

I regret the necessity of such a reply as "Prof." Scribner's article demands. I trust the "Prof." will believe me when I say that I am very averse to evoking criticism. However, every physician has a sacred duty to perform: that of proclaiming what he believes to be the truth. I may be mistaken, but even were I possessed of no experience of my own, I am abundantly fortified by that of others. But as my life time has been given to the active practice of medicine, my own experience has been ample. It is unfortunate that narrow-minded, illiberal, scholastic prejudices are heeded; these destroy all traces of individuality. The "Prof." is horrified that calomel is prescribed in the nineteenth century. He would like to cry out, like Louis XIV, "Science is myself. Whatever I utter is gospel truth."

I do not charge the "Prof." even with being well read. If he were, he would know that since the days of Paracelsus, medicine has been up and down the scale often, and that just now the remedies condemned by him are regaining their former popularity, and I have no doubt will soon be of almost universal application. During all the time of which the "Prof." speaks, I have successfully combatted acute diseases with these "self same" measures, with the utmost gratification to myself, and to a large and increasing patronage. In many, very many cases I do none of these things; often prescribe "herb tea." But would a placebo have cured my case of croup? The "Prof." would, I suppose, have run a chicken feather with hen grease, down its throat! The child recovered, which is chiefly to be considered. I believe, in the efficient treatment of acute disease, prompt and effective measures must be resorted to. But it is impossible to determine *a priori* the quantity of any remedy to obtain a therapeutic effect. This is a matter for a clinical experiment. The dose should always be subordinate to the physiological effect to be obtained. I say physiological, which does not mean toxicological. "Armed expectation" will do when there is no disease to combat. Admit that eighty-five per cent. of all cases of croup will recover without medication; how of the remaining fifteen per cent. They are legitimate subjects for fair therapeutic experiment. Again and again within my own personal knowledge and that of competent witnesses, the administration of proper remedies absolutely prevented a variety of acute diseases from entering upon their respective organic stages of full progression and eventually fatal development. Is this scientific imagination? It is true that in therapeutics it is difficult—impossible—for physicians to come to a uniform standard. But does this disqualify whole platoons of conscientious doctors? Doctors are properly allowed a great deal of latitude. Since in the present high state of pharmacy, enriched by a prodigious variety of specialties, there is not a single physician, really anxious to relieve his patient, but can find a suitable remedy at hand. Each selects the most potent remedy in his hands and persists in the same until its physiological, i. e., its curative effects are obtained.

As to the opinion of the distinguished gentlemen whose names the "Prof." arrays in support of his position, they are worth just as much as ours; no more. Yes, "Prof.", calomel is a dangerous thing. So are arsenic, strychnia and chloroform; but none, only the ignorant, are likely to injure themselves or others with them. Yes, I have salivated some of my patients, but no so-called "scrofula," such as yours, resulted. In fact, "Prof.", I do not believe calomel did for you what you claim. I will give you a little more history. In 1856 I was called thirty miles in consultation to an intelligent gentleman with cirrhosis of the liver. The attending physician had already given him forty grains of calomel. I remained twenty-four hours, during which time I administered with my own hands two hundred and eighty grains of calomel, also blistered and bled him. That man is now my neighbor, and as hale a man at the age of 62 as there is in all Texas. He is the father of nine healthy children, has numerous grandchildren, with no "scrofulous taint" among them, and the gentleman is a long way from the abstemiousness claimed by the "Prof."

Venesection, in certain conditions, we still practice to the great benefit of our patients. Nor am I aware of so efficient a means for promptly relieving many conditions. Why should I give up so certain a remedy in those frightful convulsions attendant on accouche-

ment, when no possible harm can result, for remedies less prompt and far less efficient?

Whoever heard of feeding and stimulating in acute pneumonia until the digestive functions have been restored? It is an error in hygiene, and in physiology also. Remember, we do not class whisky with the stimulants. It is a refrigerant, to our certain knowledge. The "Prof." is lamentably ignorant of his subject. He seeks to array physicians as soldiers in combat. He thrusts at the integrity of the profession and appeals to the intelligence of the commonwealth to abandon the very men to whom it is most greatly indebted for life, health and happiness. And now by way of briefest summary: There are drones in the medical, as in all other professions. In adhering to the precept, that disease must be attacked the more keenly the more acute it is, has been verified in my hands too often to doubt. Nothing is easier to acquire than the true spirit of medicine. Study nature and man, and I venture the assertion that no true physician with a well trained mind, will fail in a single instance to give his patient the benefit of the most approved treatment at his command. That all, or any considerable number, would use the same remedy in precisely the same manner is preposterous. It is like going to heaven. Each knows the better way. Happily for the people themselves, the intelligence of the country differs very materially from that of the "Prof." As witness: I was called twelve miles to a young man yesterday morning, suffering from an attack of acute rheumatism; he could not move a limb; high fever; had been treated forty-eight hours with the usual remedies—salicylate of soda, etc.—with no benefit. I opened a vein in the right arm, abstracted sixteen ounces of blood, and ordered hydrarg. chlorid. mit. gr. xx., opii pulvis, grs. iv. Mix.—Make into four pills. Directed two at 8 and 12 o'clock last night. To-day at 12 o'clock the young man sat at table for his bowl of soup. This boy, 18 years of age, had previously enjoyed the best of health. Was this a termination of fever by lysis merely? I just give the fact. Draw your own conclusions. I respect every decision of the mind that is formed by reason, catholicity of observation and experience.

J. M. GRIFFIN, M. D.

ABBOTT, Texas, May 11.

[Doctor, are you sure that the case you mention, being cured so quickly and completely, was cirrhosis of the liver? We fear that the "brethren" will ask you to explain further as to the symptoms and diagnosis. We fear that your ideas of this disease, with its prognosis and treatment, are quite different from the established authorities. Do you consider whisky in small doses a refrigerant? True, in large quantities, enough to produce drunkenness, it acts as a sedative and reduces temperature; but as it is usually given medicinally, is it not a stimulant?—ED.]

Was it a Negro?

Editor MEDICAL WORLD:

Please answer, in the July WORLD, this question: A negro man was found in a pond of water on the 7th of June. It was exceedingly difficult to determine whether he was a negro or a white man, as the corpse was as white as chalk, or, as one of the witnesses said, it reminded him of a black hog, well cleaned. It is supposed that the negro was in the water, chained down, about six or seven months. What action had the water on the epidermis? Was it the acid in the dye from his clothes? On the witness stand I was asked the question. I told the lawyer I did not know, without it was the action of the acid in his clothes on the cuticle. Some authors call the coloring matter *rete mucosum*, which is found in moles, freckles, and in the skin of the negro. I will have to give an explanation of the cause at the Superior Court. You will greatly oblige me by publishing in your journal the cause of the negro being very white. The only way I could swear he was a negro was because of a small patch of wool on the back of his head, and the inside bone of the nose was triangular; in the white man, authors say it is quadrangular.

J. B. MOBLEY, M.D.

FAIRBURN, Ga.

[We think that the long continued maceration of the body in the water is sufficient to account for the slipping off of the epidermis.—ED.]

Give Your Experience.

Will the readers of THE MEDICAL WORLD give their experience with hypodermic injections of carbolic acid for hemorrhoids? Let us hear from you, gentlemen. Also in regard to your experience with the new febrifuge, antipyrin.

J. L. B. GILMORE, M. D.

HOLLY HILL, S. C.

BE sure to show this number to your medical friends, and call their attention to the offer for this month, on another page. Hot weather and wide spread business depression do not interfere with the growing popularity of THE WORLD.

The Longest Tape-Worm of the Season.

Editor MEDICAL WORLD:

Last week a railroad employee called on me to treat him for tape-worm, stating that he had been treated for it several times—at one time in St. Louis—but it still remained, and seemed totally indifferent to all well-meant hints that his presence was no longer desired, and that his room was much preferred to his company. The man was in a state of general debility, and thought there was but little hope of getting rid of his troublesome tenant. So I resolved to give the aforesaid tenant a regular "knock-down" hint, that he would not fail to take. I ordered the patient to take onion-broth and sweet milk for dinner; then, in four hours, to take a large dose of sulph. magnesia; same diet for supper that he took for dinner. Cup of coffee early in the morning, then in a little while take the "hint," which was:

℞ Oleo-resin of male fern.....minims 30
Tannate of pelleterine..... gr. I
Glycerine..... oz. ½

Mix.—Sig. To be taken in sweet milk.

In three or four hours, take:

℞ Ol. ricini..... ℥ j
Ol. tiglii..... minim j
Ol. tanaceti.....minims iij
Chloroformi.....minims xv

Mix.—Sig. To be taken in warm toddy.

Bowels moved before taking last dose, and several pieces were passed and patient did not preserve them. In three or four hours the patient passed seventy-six and one-half feet of worm, head intact!

I claim this to be the longest worm of the season, unless it is the "sea serpent," which is said to be from one to fourteen miles long—the length depending on who saw it.

M. D. BREWER, M. D.

FAIR PLAY, Mo.

Treatment for Ipecac Asthma.

Editor MEDICAL WORLD:

In 1852 I had an obstinate cough from a cold, during which time I accidently inhaled powdered ipecac for some twenty minutes, and at the end of that time I had to open the window, put my head out and put my hands on the sill to assist me in breathing. From that time to nearly 1870 I could not handle powdered ipecac without getting asthma. If I went into an apothecary shop where ipecac had been recently dispensed, I could not stay there a minute without being very much affected by it. I could not take a Dover's powder without having asthma and urticaria violently.

Somewhere between 1868 and 1870 I bought a quart of sulphurous acid to use for chronic bronchitis. I intended to use it in the form of a spray in the fauces, but it was so pungent when I sniffed it that I feared to use it in that way. I put a drachm into an ounce vial and sniffed it a little one or more times a day most of the time for many months, renewing the medicine occasionally. Although it "wheezed me up" at first at each inhalation, in a few minutes afterwards it improved my breathing. I have not been driven out of an apothecary shop since. Now I can handle ipecac carefully without much trouble. I do not think that I shall ever take another Dover's powder.

Ipecac never did trouble me in this way before the above mentioned accident. I have no doubt but that the inhalation of sulphurous acid cured me thus far. I have prescribed it for aphonia in the same manner with marked improvement. N. L. FOLSOM, M.D.

PORTSMOUTH, N. H.

Ipecacuanha Asthma.

Editor MEDICAL WORLD:

The case of Dr. James P. Engelman, Cherryville, Pa., bears evidently a very close resemblance to that of Dr. Fowler. Powdered ipecacuanha invariably excites an attack of genuine asthma the moment he comes in its presence. To overcome this, he carries ipecacuanha in granules, adding them to whatever combination he wishes. He probably has a chronic respiratory trouble.

KREAMER, Pa. J. W. SEIP, M. D.

A New Way in Obstetrics.

Editor MEDICAL WORLD:

We have a lady physician in this city, who, when called to attend an obstetrical case, after the breaking of the amnion and the liquor amni passes off, and head of the fœtus passes to the pelvic region, she then, with her bistoury, severs the connecting tissue between the vaginal opening and the anus, giving, as she says, a much freer as well as easier passage of the fœtus into the world, and relieving the mother of many pains and very much suffering every way. I forgot to say that at the proper time, before she uses the bistoury, she administers chloroform and keeps her patient under its influence until the child is born and the patient sewed up. This is a fact, and it can be verified by a host of witnesses if required. I write this in order to hear what the medical profession think of the new way (!) which never has been taught by any of our professors of obstetrics.

And, as an abortionist, she has a wide repu-

tation. She has been known to say to young ladies that they could have as good a time as they wished with the young men, and if they got into trouble to come to her and she would help them out. What do you think of this for immorality? coming as it does from one who calls herself a lady of great renown as a regularly graduated physician! Any medical college that would, knowingly, graduate a person of this character should have its charter annulled. I sincerely believe that any person clothed with power, authority, and proper qualifications to practice medicine and surgery, that person, above all others, should be a perfect gentleman or lady, as the case may be, in the highest sense of the word.

F. A. JOHNSON, M.D.

PORTLAND, Oregon, 155 S. First street.

Specifics in Pneumonia.

Editor MEDICAL WORLD:

Your valuable journal came to hand an evening or two since, and I wish to say that although I take several medical journals and some that are much higher in price, still yours is prized as highly as any.

I wish to say a few words in regard to specifics in pneumonia. In the April number of the WORLD, Dr. Griffin says: "I treat them (pneumonia and croup) as I have for over thirty years." He then gives his treatment, which contains nothing but what other practitioners have given and have often failed; then he adds: "I have not lost a case in years." Again, Dr. Bowlen, in the June number, says: "Please say that I have been practicing medicine for twenty-eight years, have had my full share of pneumonia and have never lost a case (here I held my breath) and never prescribed a grain of quinine as a remedy." Ah! disappointment again! I expected the doctor to give his specific or his formula for his elixir of life, for he must have one; but no, he simply tells us what he does not do. It seems to me that the physicians who have a full share of pneumonia to treat, and never loose a case, are living too obscurely; their light is too much hidden; they are the great men of this century, and their wonderful ability ought to have more chance to develop. They ought to work in a wider field than an obscure country town. These physicians have a great opportunity, and they ought to grasp it; for they must remember that a "neglected opportunity never returns."

Now, Mr. Editor, when a physician says that he has a full share of pneumonia to treat and never looses a case, it sounds to me extremely "windy;" and I fully believe this: that when a doctor talks in that way that he sees very little general practice, or else makes many mistakes in diagnosis. In my experience there is no specific for pneumonia, and I believe any physician who treats a number of cases will loose more or less of them, no matter what treatment he pursues, or what line of medication he follows. I would like to hear from brother practitioners on this subject, and see if there are a great number more who have a "cure-all," or if they do not occasionally loose a case in spite of the best treatment they can give them.

H. P. CHACE.

HIGHLAND FALLS, N. Y., June 8, 1885.

Malarial Hæmaturia.

Editor MEDICAL WORLD:

It has been fully demonstrated that sulphate of quinine is the main factor in the cure of malarial diseases, yet there is one exception: malarial hæmaturia. At least in the acute stages quinine will do harm, as will the use of mercury and blisters. That such is the fact will be admitted by those who have had much to do with the disease. Why it is so is not my intention to discuss. The primary cause is malarial poison producing congestion of the liver, spleen and kidneys, embarrasment of their functions, also of the skin, intestines, etc. This is followed by a vitiated state of the blood; a disintegration from accumulation in that fluid, of urea, uric acid, biliary matters, carbonic acid, etc., pernicious principles which are produced in the body in a state of health and should be eliminated by the emunctories as fast as formed. The deleterious effects of such excretions retained in the blood is well illustrated in the uremic form of this disease.

There is no doubt but what malarial hæmaturia is caused by minute organisms in the blood (call them what you choose), a ferment as shown by a great tendency to metamorphosis —decomposition of tissue. The disease will not yield (as other malarial diseases) to the ordinary anti-malarial treatment. The fever will not give way until an effective antiseptic treatment is instituted and the blood rendered aseptic. To meet indications then we give chlorate of potash, two and a half drachms, sweet spirit of nitre and water, of each one ounce; give one drachm every two hours until the urine assumes a natural color. Also give hyposulphite of soda, ten grains, in plenty of water (two or three ounces) every three or four hours, or alternate with potash mixture. Eliminate hydrocarbon by the liver with black snake root (cimicifuga racemosa) and serpentaria virginiana, thirty to sixty drops of each, every four hours until it acts; beware of stimulating the kidneys to excess; watch the action of the kid-

neys and if any sign of deficient secretion) use mild diuretics, as buchu, uva ursi, etc.; if hemorrhage is excessive, give rhus aromatica; control vomiting with cold water, sulphate of soda, bismuth sub-nit., ox. cerium, pepsin, etc.; cold, green tea is excellent. Hot foot-baths are good in some cases, and the entire body should be briskly rubbed with whiskey and water, equal parts, with a tablespoonful of salt added to one quart; it should be used warm and continued for twenty or thirty minutes and repeated every three hours. It does great good in producing revulsion, stimulating the cutaneous circulation. A warm poultice applied to the epigastric region has frequently a good effect, and will sometimes abate a nausea that is always present. In twelve or twenty-four hours from commencement of treatment I give tincture of iron, ten fifteen or twenty drops in water, three times a day. After the acute stage has abated, treat as ordinary malarial cases. This is the general treatment that I have used for years, and it has cured in every case.

E. C. ROTHROCK, M.D.

ATHENS, Texas.

Ergot in Pneumonia.—Reply to Dr. McDonald.

Editor MEDICAL WORLD:

Dr. D. L. McDonald's point in regard to my article on ergot, in March WORLD, is well taken. The case selected was rather an unfortunate one for such as he. In order to have force with the profession generally, in an article of this kind, the case for illustration must stand out in bold relief, so to speak. I would like to ask the Doctor, however, if he is in the habit of seeing cases, in which he trusts to the *vis medicatrix naturæ* solely, turn out as favorably as this one did? Also, why he concludes that the case on Friday morning was already undergoing resolution? I am free to admit that "it might have been," but also am free to say that I am quite certain that it was not.

I also agree with the Doctor that it does not seem possible that a few doses of ergot "could produce the change attributed to it in that time," *viewing the matter in the light of other remedies for pneumonia.* But we are none of us surprised *now* to see a case of malaria respond to quinia with the same promptness, and I here repeat my former assertion that *I believe* that ergot will do as much, yes *more*, for pneumonia then quinia will for malaria. For when pneumonia is once aborted it is over with; but you may break up a chill to-day and in three or four days you will probably have to do it over again.

Now, in all seriousness, Doctor, if you can see, as you admit you can, how ergot might be beneficial in the first stage of the disease, just give it a trial or two in the first stage; and don't be too skeptical about it, but give it an honest chance. Give Squibb's fluid extract freely to the first case you see when you get the crepitant rale, and report the result in THE WORLD, or to me personally. When I began to use ergot I used it only when I saw the case sufficiently early to detect the creppitant rale; but I kept on using it later and later in the disease, until now I should use it, even if resolution was far advanced, as a prophylactic against the invasion of the other lung—not alone now, understand, but as an adjunct to other treatment. I have received a good many personal letters in regard to this treatment since writing the paper referred to, and am glad so many are willing to give it a trial. Yes, Doctor, I shall certainly continue my investigations with ergot in *other fields* than the pneumonic, for the successful treatment of *pneumonia* with ergot is a "solemn, earnest fact" which requires no further investigation so far as I am concerned. And not only I, but some hundreds of us up here in the north-west. It seems a little strange to me that our medical "stars in the east" are apparently so loath to accept any improvement in medicine which comes from the far off west. Probably they are actuated by the same spirit as were those Jews of old when they said: "Verily, can any good thing come out of Nazareth?"

F. W. EPLEY.

NEW RICHMOND, Wis., June 11, 1885.

"Typho-Malarial" Fever.

Editor MEDICAL WORLD:

In June number of the WORLD is an article from the pen of G. W. Shelton, M.D., Johnstown, Mo., under the above title. I beg for a small amount of space for reply. Why the doctor differentiates between typhoid and typho-malarial (?) fever, claiming the first to be primarily a disease of the blood, and the latter of the nervous system, I cannot comprehend. How does the poison reach the nervous system? Does not the zymotic poison of typhoid fever affect the nerves at all stages of the disease as distinctly as in the so-called typho-malarial fever? Wherever the introduction of a new term in the nomenclature of disease renders the pathology clearer, or assists in the treatment, it is well; if not, then it is a decided disadvantage. For in the latter case we are too apt to try to diagnose a name for the disease, instead of finding out what is the matter with the patient. After a practice of eleven years in the Wabash

Ague Belt, and seeing a great many cases of fever called typho-malarial, I am free to say that I do not believe there is such a thing. The common names, remittent, continued and typhoid, if properly studied as to their devolopment and pathology as indicated by the symptoms, will cover every case called typho-malarial. Everything new, if good, should be received; if not, let us adhere to the well-known old. With a profound faith in the efficiency of medicine, I would rather trust myself to good nursing alone than to Dr. Shelton's treatment. J. H. HEATH, M.D.

WELLINGTON, Kansas.

Treatment for Malaria.

Editor MEDICAL WORLD:

During my medical life I have resided in all kinds of malarial sections of our State, and have had considerable practice in what is generally known as ague and fever, or malaria. With proper diagnosis, the different forms of it made no difference with regard to my treatment, which I began with the following:

℞ Mass. hydrarg..... gr. vj
Ext. taraxici..... gr. xviij
Ipecac. pulv..... gr. j

M. et. ft. pil. num. vj.—Sig. One pill every four hours until all are taken, and if no motion of the bowels, order a saline.

Then I begin with the old, old remedy, quinia in solution, as follows:

℞ Quiniæ sulph..... ℈ j
Acidi sulph. aromat..... q. s.
Capsici pulv..... gr. iv
Glycerini.....
Aquæ pulv.....āā... ℥ j

M.—Dose. Tablespoonful every three hours.

Should this arrest the paroxysm, I then put my patient upon arsenic; if otherwise, I continue the quinine until the paroxysms are arrested. Then to keep them off, I give arsenic, as follows:

℞ Fowler's solu..... ℥ j

Dose. Five drops in a tablespoonful of water after eating, three times per day, until its physiological effects are noticed.

If I see that my patient needs a tonic, I order the following:

Take of—

Colombo.....
Virginia snake root.....
Wild cherry bark.....
Powdered gentian.....of each...drachms 2

Mix. Infuse by putting all into one pint of boiling water in an earthen crock, and simmer down to one-half pint, then strain and add to the infusion one-half pint of good rye whisky.

Dose. A tablespoonful or two before meals.

I find it necessary in some cases to continue the quinine, eight grains every six days for four weeks. I can say that I have had little difficulty in breaking up the chills and fever. I know that I have in many instances broken in upon a bilious or remittent fever by giving the hydrarg. et. tarax. pills. I. R. S.

PHILADELPHIA, 763 S. Ninth street.

Ipecac Irritation—A Novel Case.

Editor MEDICAL WORLD:

In June number of THE WORLD, under the title of "Idiosyncrasy in regard to Ipecacuanha," Dr. Fowler, of Cohocton, N. Y., speaks of the peculiar effects of the drug on his lungs. I must say that the Doctor's experience and my own are very similar. The smallest portion of it, in a tight room, seems to congest the whole of the mucous membrane of my air passages, as well as very speedily producing acute conjunctivitis. So susceptible am I to it that the fumes from the ejecta of an ipecac emesis affects me more in the heated season than in winter. I fear I shall have to abandon the drug, which I am somewhat partial to. I first noticed it during the war, in issuing some ipecac to a soldier under a closed tent.

I have somewhat of a novel case. A man of good family, clear of venereal taint, health generally good, whose penis some months since took on a curvature. It came on gradually and when in a state of erection the glands penis looks towards the umbilicus. It interferes considerably with coition. What is the trouble? Is it in the corpusspongiosum, or corpuscavernosum?

THE WORLD is a perfect gem! The greatest fault I find is that it does not come often enough.

MOFFAT, Texas. J. H.

Comments.

I. J. M. GOSS, M. D., MARIETTA, GA.

Editor MEDICAL WORLD:

I read in a recent copy of the WORLD—"Five-minim doses of spirits of turpentine and the same amount of the tincture of hamamelis in an ounce of mist. amygdalæ, may be given three times a day, with marked benefit, in hæmatemesis, hæmoptysis and menorrhagia." These articles would benefit passive hemorrhage from the kidneys, but the turpentine only constringes the surface over which it passes out of the system, and is only applicable to hemorrhages of the urinary organs. Hamamelis is only applicable to passive hemorrhages.

For active hemorrhage of the lungs, *Lycopus Virginicus* is the remedy, in infusion, dose, one ounce every half hour, until it checks the hemorrhage. For menorrhagia, the oil of erigeron and oil of cinnamon, of each five drops in glycerine, every half hour, is the most positive remedy; and where there is great relaxation, then fifteen to thirty drops of ergot should also be given.

TREATMENT OF TYPHOID FEVER.

In THE MEDICAL WORLD I notice the following treatment for typhoid fever. "In the general treatment of typhoid fever, a combination of spirits of turpentine, carbonate of ammonia, opium and camphor, in a mucilaginous mixture, is useful." Now, as the direct effects of the zymotic poison causing typhoid fever tends to congestion of the brain and spinal centre, so also do both opium and camphor; consequently they are directly contra-indicated. I have seen fatal results from opium in typhoid fever. Give aconite, one drop every one or two hours, when the fever is high. To counteract the septic tendency, give baptisia tinctoria, every three hours in doses of ten to fifteen drops. Give belladonna to counteract typhomania and to protect the brain. Belladonna prevents the tendency to congestion or determination of blood to the brain.

In THE MEDICAL WORLD, speaking of influenza, the writer says: "It is always associated with biliousness, sometimes even jaundice. It is satisfactorily treated with calomel to commence with, followed by quinine, Dover's powder, turpentine, carbonate of ammonia, digitalis, etc." Now, in this array of medicines, except the quinine, I would like the writer to tell what he prescribes calomel, Dover's powder, turpentine, carbonate of ammonia and digitalis for? Why not use the atomizer with some good antiseptic solution, as the tincture of salicylic acid, diluted, or have the patient to snuff up the nares the vapor of the carbolate of iodine, or carbolic acid itself, and take two grains of quinine every two hours? Summer catarrh, or hay fever, as it is called, can be aborted by inhaling the vapor of *Sabadilla veratrum* from a vial of the tincture, and taking a drop every two hours in water.

Dr. J. M. Mosena, of Salmon City, Idaho Territory, asks for diagnosis and treatment of a young man who was hurt by striking a piece of steel with a sledge hammer, jarring his arm severely. He says the young man has had but little use of the arm since. The nerve is so injured that its conducting power is almost destroyed. The shoulder joint being sore, shows an injury of it also. If there is any congestion of the nerve centres, use three to five drops of belladonna twice a day, and give one drop of rhus toxicodendron, three times a day, to restore conducting power.

Dr. S. H. C. Bixler, of Blosserville, Pa., gives a formula in the last month's WORLD for syphilis, which is:

℞	Hydrarg. chloridi corros.....	gr.	j
	Tinct. nucis. vom.....	ʒ	j
	Ferri. et ammon. citratis.....	ʒ	ij
	Potass. Iod.....	ʒ	ss
	Tinct. cinchonæ comp.....	ʒ	iv

M. Sig.—Teaspoonful three times a day.

Will the Doctor please tell us why he gives nucis vom., and ferri et ammon.?

Puerperal Mania.—Reply to Dr. Charles Bruil.

Editor MEDICAL WORLD:

Was called to attend Mrs. D. in her fifth confinement, April 24th, 1885; the labor only lasted two hours; child healthy; placenta and membranes came away entire; no hemorrhage; mother in excellent condition and spirits. April 29th, was called to see her again, and was told that she had talked continually day and night since the birth of her child; examination showed pulse 120, temperature 102° F.; tongue thickly coated with white fur; severe headache. Exhibited liquor ammon. acet., alternately with Dover's powder and soda bromide. Did not give potass. bromide on account of its effect on the secretion of milk, which at this time was normal; lochia also normal. May 1st, called again; patient comfortable; tongue clean, pulse 80, temperature 98.5. May 3, was passing and called in; found patient sitting up in bed complaining of not being able to see; proved this to be an illusion; told the friends that her mind was disordered, and if she got any worse to let me know; prescribed the bromides of soda and zinc, and left. Was called the same evening and found her in acute mania; temperature 100, pulse 120, tongue thickly furred, white, and cracked.

Remembering Mr. Prideaux's elaborate paper on "The Action and uses of Hyoscyamia," which appeared in the *Lancet*, October 11th, 1879, I put her on drachm doses of that drug, in tincture. On may 7th she appeared quite calm with a show of reason; but she would take no medicine. Her sense of smell was very acute, and it was in vain that the nurse attempted to administer the drug in her food. She would spit in the dish and order pure cold water.

May 8th she began to show more violence; secretion of milk ceased. Had to confine her in straight-jacket; drew off urine with catheter; moved bowels with enema of infusion of senna; gave the hyoscyamus in liberal doses.

May 13th patient lies calmly composed, only speaking when spoken to; ordered diminished doses of hyoscyamus.

May 15th showed considerable intelligence; wonders who cut off her hair, and what skinned her wrists, and made her sore generally. Her recovery has been uninterupted from this date.

Remarks. I visited the patient daily during acute stage. Brandy, port-wine, milk and food made from beef extract were given liberally; bismuth sub. carb., and malto-pepsine were given for gastric irritation; her body was sponged daily with solution of soda bicarb; the bowels and urinary organs were kept in a healthy condition, but for the maniacal excitement I prescribed *hyoscyamus*. Perhaps from my brief description of this cure, some of the brethren will be disposed to think it was only a slight attack of mental aberation. Not so, gentlemen; it was a terrible, gloomy and unpromising case; the writer does not rush into print with ordinary matters; he writes for the benefit of his profession, and this time to show the use of *hyoscyamus* in acute mania.

In your May number, Dr. Chas. Bruil, of Avoca, Wis., reports "a peculiar case of placenta previa," and asks (among other questions which you have intelligently answered) "What was the cause of the intra-uterine hemorrhage? What was the cause of the child's death? And, was the treatment rational considering the conditions as given?

My answer to the first two questions will be brief. Hemorrhage came either from the uterine wall or from torn surface of placenta, probably from both sources, as there must have been considerable violent detachment. The child's death resulted from one of two causes; either from the injudicious use of ergot, or from extensive placental detachment, cutting off its blood supply from the mother. Such a wholesale exhibition of ergot as is recorded in this case was sufficient to kill a child three times over.

Now for the last question. I do not think the treatment rational from the beginning to the end. In so serious a case a doctor should not be four hours in finding the os uteri. I also condemn the use of ergot in the condition, also acetate of lead and opium. The tampon, if properly applied, would have answered instead of the internal medication. Then to allow her to get up frequently, and half fill the bed vessel each time with blood was a sad mistake; and also shows that the tampon used was not efficient. Then, in his consultation with Dr. U., it is decided to "expedite labor" and he sweeps his "finger around in the neck of the uterus, and then gave ergot with morph. sulph. every half hour." Then she is allowed to get up again at three o'clock, and passes "a large amount of coagulated blood." At length "at half past five P. M." the case ended as far as the labor was concerned. Poor woman! How much blood remained in her vessels is hard to state. I would have looked for hemorrhagic fever. It appears to me that that was the real trouble which occurred on the third day after labor. Well, how was this patient treated with her small amount of blood left? Her stomach was literally made an apothecary shop containing gelseminum, jaborandi, bromide of potassium, quinine and Dover's powder; later on, we have valerian, calomel and morphia added, and she died in coma.

Now, Mr. Editor, I have had several cases like that, some more serious, others not. I always found the os on the first examination, and that is as soon as I can get to my patient and get some warm water. If there is no dilation I tampon thoroughly at once, administer quinine and employ friction to the abdomen, if the patient is near her term. This generally brings on dilation; but if these measures fail to bring on the labor—and they have never failed me yet—I would keep the patient in bed with cold applications to the pubes until the os dilated, when I would either perform podalic version, or in Dr. Bruil's case, I would rupture the membranes and let the head descend and the uterus thoroughly contract. But I have been compelled, when the patient was at some distance from my office, to "expedite" labor, and here is where uterine tents and Barnes' dilators come into play. Had a Barnes' dilator been used in Dr. Bruil's case, he would have had labor ended before he found the os. Uterine tents are far more efficient in setting up labor than ergot. These dilators have double power, viz: they bring on labor rapidly, and act as efficient tampons, checking hemorrhage. To hasten labor, dilate the os and cervix uteri and leave drugs alone.

Now for my treatment of that fever: I would have given the patient a solution of the acetate of ammonia alternated with Dover's powder; perhaps digitalis added and some old port wine cautiously, with nourishing liquid diet at short intervals. A celebrated author says: "I can affirm from large experience, that the exhibition of salines after hemorrhages is followed by the best effects."

In conclusion, let me say, I hope that THE MEDICAL WORLD will be the means of educating our profession in such a manner that when we are called upon to pass through fire for suffering humanity, that we will be found equal to the occasion.

Dr. Palmer says sign name—

J. G. Atkinson, M.D., etc.
OAK HALL, New Brunswick, Canada.

Treatment of Pneumonia.—Varicocele.

Editor MEDICAL WORLD:

In reading your valuable journal I find a good deal on the treatment of pneumonia, some of which I approve. In this section of country we have much pneumonia, consequently I am called to treat a good many cases. Generally I do not see my patients before the stage of hepatization. The first thing I do is to relieve the bowels, if it has not already been done, which, however, is generally the case far out in the country. I then put my patient upon five grain doses of carbonate of ammonia every two hours; if expectoration is not free enough, I combine with the ammonia the syrup of ipecac. I always give from ten to fifteen grains of quinine early every morning to control the temperature of the body, and I continue to give it till the fever subsides. I also give Dover's powder often enough to control pain and secure rest. Externally I apply tincture of iodine over the affected part till I get the skin well blistered until the patient begins to convalesce. I do not pay much attention to the pulse unless it is very full, frequent and hard; then I use aconite to keep it at about 100 per minute. If there is cerebral trouble I use gelseminum, with cold applications to the head. If the skin keeps hot and dry, I have it sponged with tepid water and vinegar. Good nourishment is one of the main factors in the treatment of this disease. Alcohol is sometimes indicated. If absorption of the exudation is a little tardy, I add to the other treatment iodide of potassium; twenty-four grains may be given in the twenty-four hours. I should have said, if the quinine irritates the stomach, subnitrate of bismuth should be combined with it. The above is my general plan of treating pneumonia. Of course complications are treated according to indications. I have been practicing medicine eight years and have not lost half a dozen cases. My own observation leads me to believe that veratrum, aconite, antimony, drastic cathartics, the lance and cantharidal blisters are rarely indicated; in fact I think they often do harm and would like to know what some of the older members of the profession think of my treatment.

I have a case of varicocele that will not yield to the ordinary treatment; a suspensory bandage, instead of giving relief, gives severe pain. What treatment should I pursue. Please, brethren, be kind enough to let me hear from you through THE WORLD.

THE WORLD comes regularly and is regarded as one of the necessities of life.

MARTIN, GA. T. H. LYON, M. D.

When Compelled by Necessity.

Editor MEDICAL WORLD:

It is a common saying that "necessity is the mother of invention." Several years ago, while practicing medicine in the pineries of Michigan, I was returning home late one bitter cold night, when I met a messenger who had been after me to go and see a man who, while felling trees, had been hit on the head and knocked senseless, about 5 o'clock P. M., the day before. I was then only a mile from the patient, and followed my conductor, but fearing trouble. It so happened that I did not have even a pocket case with me, not even a pocket knife. I found the patient lying in his lumberman's bunk, with all the signs of pressure upon the brain—stertorous breathing, etc. On examination I found on the left side of the skull, a little anterior and superior to the top of the ear, a round depression about the size of a silver twenty-five cent piece, sunk in at least half an inch. The scalp was not cut and no injuries to be found elsewhere. Indications were perfectly clear; that depressed piece of skull must be raised. How to do it *then* and *there* was the question before the court.

"Mother necessity" must now bring forth. With a pair of something that looked like a cross between a pair of sheep-shears and a pair of tongs, I gnawed away the hair around and over the depression. Then with a long, pointed, spring-back dirk knife, I made a half-moon incision and dissected up the scalp. Thus far necessity had made a pretty good job; but how was that bone to be raised? While debating the question in my mind, I saw sticking in the side of the log cabin, with a pair of mittens hanging on it, a common gimlet. I took that, to me then valuable instrument, and by lots of perseverance and patience, I bored into that piece of cranium far enough to hold, and raised it to its proper place. I then took three stitches in the scalp with a common sewing needle, armed with common white cotton thread. While taking the last stitch, the patient awoke and very promptly asked, "what in h——is the matter?" I informed him that nothing very serious was the trouble. This was the only visit I made the patient. He made a good recovery. I simply write this to show how well we can get along when we are compelled by necessity to do so.

BOULDER, Col. ELMORE PALMER, M. D.

———o———

He who would gain success' goal,
Must never flirt with alcohol.

How Women are Deceived in Regard to Movements of the Fœtus.

Editor MEDICAL WORLD:

Several years ago I was called to see Mrs. W, age forty-five, a very fleshy woman of medium height, and mother of seven children. She informed me that her time of gestation was up two weeks before, when she was seized with a spell of vomiting that had continued ever since. "Yesterday," said she, "I was taken in labor, and after six hours of severe pains, all signs of labor ceased and I am deathly sick." She looked very haggard. I told her that her child was dead and had been dead from the time she first began to vomit. "No," said she, "I have felt it more sensibly since you have been in the house." At the same time she motioned with her hand to the region of the illeo-cæcal valve and along the ascending colon, to indicate the points where the motion was felt. I modestly suggested that it might be flatus within the bowels passing from one portion of the bowels to another. She insisted that she was not and could not be deceived about it. Examination showed that the child was ready for its exit into the world. Being satisfied that it was dead and the parts being relaxed, I did not hesitate to administer the fluid extract of ergot. The labor pains were soon established and I soon had the child in my hands, so much decayed that the skin slipped from the body wherever the hands took hold of it. The cord and placenta were also in a state of decay. The child was an unusually large one, and no cause for its death could be assigned.

This case teaches an important lesson: that a physician must not confide too trustingly in the statements of his patient, but must use his own eyes and his own judgment in the diagnosis. In this case an old woman was deceived by flatus passing through the illeo-cæcal valve along the ascending colon.

Dr. Magee, of Evansville, Ind., calls my attention to a defect in my report on "Quinine as a Parturient," in the May number of THE WORLD. I should have stated that each dose of quinine was given in solution with whisky, and that three hours intervened between the first and second doses. The first dose acted feebly at the end of two hours. I have had one patient (very susceptible) who always complains of "buzzing in the ears" inside of an hour after taking five grains of quinine.

NEWPORT N. C. E. L. PERKINS, M. D.

W. J. Meklem, M.D., of Lucas, O., writes: "THE MEDICAL WORLD is worth three times over the price asked."

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Can you give me any information or direct me to any of the details of M. Zenno's mode of manufacturing oxygen? It is by the salts of potassic permanganate and boric oxide. THE WORLD is just what I want.

C. B. RICHMOND, M.D.

TOPEKA, Kansas, 172 Kansas avenue.

Editor MEDICAL WORLD:

Can you or some one of the many readers of your valuable journal give formulæ for the following remedies by Dr. W. A. Simmons, prepared by C. F. Simmons & Co., St. Louis, Mo.? "The Great Mexican Female Remedy," the "Vegetable Liver Medicine," and the "C. C. C." or Hot Springs Remedy for Piles. THE WORLD is a regular and welcome visitor. I can't afford to be without it.

BRATTON, Ky. MARK INSKO, M. D.

Editor MEDICAL WORLD:

I would like to ascertain the formula of "Fry's Great Rheumatic Cure," a remedy I have made use of with satisfaction.

M. H. WEST, M.D.

HOBOKEN, Pa.

Editor MEDICAL WORLD:

Will you be kind enough to publish the formula of Dr. T. A. Slocum's "Psychine," or say is you know anything about it?

The information in one number of the WORLD is well worth the annual subscription, and I am sorry I did not make its acquaintance long ago. H.

MARYLAND.

[We do not know anything about the above preparation, but will publish any reliable information furnished.—ED.]

Editor MEDICAL WORLD:

Will THE MEDICAL WORLD please publish the formula for "Bradfield's Female Regulator?" NEW SUBSCRIBER.

[The so-called "female regulators" are generally composed of such substances as oils of erigeron, rue, tansy, pennyroyal, etc, and perhaps recently, some that are intended to restore the menstrual functions contain some form of manganese, the black oxide, for example. No physician should so far forget himself

as to imagine that these quack nostrums can serve his patients better than he himself can. An intelligent and well-read physician can do much more for "female complaints" than a box of "female pills"; and as for restoration of the menstrual functions, that must engage the physician's best judgment, from a strictly ethical point of view. For both the physical and moral well-being of the patient the use of these "regulators" should be discouraged under *all* circumstances.—ED.]

Editor MEDICAL WORLD:

As one of your subscribers, I would like to have the question decided, viz: What is the best antagonist of alcohol?

As very many drunkards would most willingly pay any fee for restoration to sobriety, I would like to have the readers of your paper render a decision.

SHIELDS, Ind. CHAS. BERGK, M. D.

Editor MEDICAL WORLD:

Can any of your readers give the formula for Kendall's Spavin Cure? which, by the way, is a very good liniment.

WHITESBURG, Pa. J. A. KELLY, M. D.

THE formula for "cuticura resolvent" is again asked for. Can any one give it?

FORMULÆ.

Dry Chalk Mixture.

Take of—

White sugar, powdered	oz. 1
Oil of cinnamon	drops 16
Prepared chalk	oz. 2
Gum arabic, powdered	oz. 1

Rub together in a mortar and sift.

One drachm of this added to an ounce of water, makes the officinal chalk mixture. This is very convenient being always ready for use.

Lafayette Mixture.

This is a gonorrhœa mixture much used in this section of the country. In New York it is very generally used in the hospitals and dispensaries. Its formula is as follows:

Take of—

Balsam of copaiba	f oz. ½
Spirit of nitrous ether	f oz. ½
Comp. spirit of lavender	f oz. ½
Solution of potassa	f dr. 1
Mucilage of accacia, enough to make	f oz. 4

Mix the balsam with the solution of potassa, then add the two spirits. Put the requisite amount of mucilage into a bottle, pour the other mixture on top, and mix the whole by agitation.

In some institutions, it is customary to use equal volumes of mucilage and syrup, instead of mucilage alone.—*American Druggist.*

Neuralgic Mixture.

(Used in Samaritan Hopital, London.)

Take of—

Carbonate of ammonia	gr. 5
Chloride of ammonium	gr. 20
Peppermint water	dr. 7
Mucilage	dr. 1

Mix.—For one dose.

Oil of Gladness.

Take of—

Oil of marjoram	f dr. 1
Oil of peppermint	f dr. 1
Oil of horsemint	f dr. 1
Ether	f dr. 2
Tincture of capsicum	f dr. 4
Tincture of opium	f dr. 1
Tincture of red saunders	f dr. 1
Alcohol, sufficient quantity to make	f oz. 8

Mix.

—*Druggists' Circular.*

Syrup of Tar.

℞	Picis liquida	f℥ 2
	Spirits vini rect	f℥ 2
	Magnesia carb	℈ 2
	Sacch. alba av	℥ 16
	Aquæ	f℥ 8

Dissolve the tar in the alcohol. Triturate the solution with the magnesia carb. Add the water, filter the mixture, add the sugar, and dissolve by aid of a gentle heat,

—*Pharmaceutical Record.*

Gibier's Pills for Diarrhœa.

Take of—

Sulphate of quinine	gr. ⅓
Extract of aconite	
Tannic acid of each	gr. ½
Extract of opium	gr. 1-6
Spirit of quince	
Powdered licorice, of each, enough to make one pill	

—*Union Medicale.*

Tinct. Iodinii Compositæ.

℞	Iodi	℈ ss
	Potass. iodidi	℥ j
	Alcoholis	O j

Dissolve.

This tincture can be diluted with water *ad libitum* without depositing the iodine.

For Diarrhœa of Children.

℞ Aluminæ	℥	ss
Acaciæ pulv	℥	j
Sacchari alb	℥	ij
Aquæ fœniculi	f℥	iij

M.—Sig. A teaspoonful to be given frequently.

—DR. RIECKE.

Hunyadi Janos Water.

Take of—

Sulphate of Lime	oz.	1½
Glauber salts	oz.	24
Epsom salts	oz.	26
Sulphate of potassa	dr.	1
Water	gal.	10

Mix, and charge with gas.

—*Kilner's Formulary.*

Acid Astringent Mixture.

(Used in Royal Free Hospital, London.)

Take of—

Aromatic sulphuric acid	minims	25
Tincture of opium	minims	5
Water	oz.	1

Mix.—For one dose.

Liver Regulator.

Take of—

Senna	dr.	6
Podophyllin	"	1½
Septandra virginica	"	1½
Virginia snake-root	"	3
Ginseng	"	1½
Alcohol	oz.	3
Boiling water to make one pint.		

Mix.—Dose, teaspoonful to half-wineglass full, as needed.

Stomach Pad.

Take of—

Bayberry	oz.	1
Lupuline	oz.	1
Wild ginger	oz.	½
Sassafras bark	oz.	1
Gum myrrh	oz.	1
Lady's slipper	oz.	½
Capsicum	dr.	1
Oil fennel	dr.	2
Oil cloves	dr.	1

Grind the drugs to a moderately fine powder, and mix with the oils and gum. Make an oblong pad to wear over the stomach. Used for general stomach diseases.

[The composition of other medicated "pads" will be given in succeeding numbers.—ED.]

BOOKS, PAMPHLETS, ETC.

A GUIDE TO THE DISEASES OF CHILDREN; by James Frederick Goodhart, M. D. F. R. C. P., revised and edited by Louis Starr, M. D.

This most excellent and practical treatise is well adapted to meet the wants of the student as well as of the practitioner, and is written in a pleasant yet forcible style, such as is likely to make a permanent impression on its readers. The author is evidently a man of experience and acumen, and Dr. Starr has faithfully and intelligently edited the book, and judiciously adapted it to American practice, besides the addition of much valuable information from his own pen. It is of a convenient size, and well gotten up by the publishers, Messrs. L. Blakiston, Son & Co., Philadelphia.

BARTLEY'S URINARY TEST CASE.

This is a most convenient and portable companion, enabling the physician to quickly determine the condition, reaction, specific gravity, amount of solids, and presence or absence of sugar or albumen, at the bed-side. It contains two re-agent powders for sugar and albumen, of extreme delicacy and reliability, a beautiful little urinometer, test papers, etc; and is accompanied by a book of instructions which renders the examination conclusive. The re-agents can be renewed by any druggist, and the book of instructions embodies some highly useful and suggestive points for observation. The possession of this ingenious *vade mecum* reduces some otherwise tedious and complete manipulations to a prompt and easy process. It is to be obtained of Messrs. Campbell & Co., 140 Nassau street, New York. Price, $2.00.

TREATMENT OF CHOLERA; by C. Gatchell, M.D., Published by Gross & Delbridge, Chicago. Price, 25 cts.

This gives the treatment of cholera from a homeopathic point of view. The treatment is summed up as follows: "Give *camphor* at the outset for great prostration and profound shock. Give *veratrum album* for excessive vomiting and cramps. Give *arsenicum* for great prostration and collapse. Give *cuprum* for violent cramps and for threatened paralysis."

"AN ENEMY CAME AND SOWED TARES;" by Joseph Eastman, M.D., Indianapolis, Ind.

This is a paper read before the Mississippi Valley Medical Association. The "tares" that the doctor refers to are *tears* in the cervix uteri and perineum, He thinks that more attention should be given to their prevention than their "sowing" (sewing), and that when they exist, operation should not be made unless positively indicated, and when all the circumstances make it justifiable.

DISINFECTION AND DISINFECTANTS.

Preliminary report of the committee on disinfectants of the American Public Health Association. This is a valuable and timely document. Standard solution No. 1 is made by dissolving four ounces of the best quality of chloride of lime in one gallon soft water; standard solution No. 2 is made by dissolving two drachms each of corrosive sublimate and permanganate of potash in one gallon of soft water. Other solutions with directions for

use are given, but these two are conspicuous for their inexpensiveness, simplicity of preparation and efficency.

URINARY AND RENAL DISORDERS; by Lionel S. Beale, M. D.

Messrs. L. Blakiston, Son & Co., have here presented us with a book which requires no other inducement to promote its sale than the name on the title page. Dr. Beale's researches into the subjects of which he treats, have been continuous and remunerative in the cause of science; and the outcome of his labors is full of practical suggestions and original reliable observations. On the difficult topics of spermatorrhœa and allied disorders, he discourses with good sense and cautious taste; and the whole book will go far to unravel many difficult problems in urinary derangements.

KIMPTON'S MEDICAL ANNUAL.

This portable little annual is brimful of live information, an "olla podrida" of facts about treatment of diseases, new remedies, medical education (in Great Britain), sanitary hints, dosage, medicinal waters, climates, British and foreign medical institutions, and a host of other things of professional interest. The therapeutical selections are well chosen, and exhibit many valuable hints for the treatment of cases which do not respond to the usual remedies. The practical essence of many medical journals is here collated into a convenient compass, making a reference book of every-day use to the practitioner. It is methodically arranged, well printed, and daintily gotten up; and the price is within the reach of all.

A PHARMACOPŒIA FOR DISEASES OF THE THROAT AND NOSE; by G. M. Lefferts, A.M., M.D. Published by G. P. Putnam's Sons, N. Y.

This is a very neat little volume of 101 pages. It contains a great deal of practical information on the treatment of throat and nose troubles. It is a very useful work.

STUDENT'S MANUAL OF ELECTRO-THERAPEUTICS; by R. W. Amidan, A.M., M.D. Published by G. P. Putnam's Sons, N. Y.

Same size and style as the preceeding volume. A very plain and practical guide.

TREATMENT OF DISEASES OF THE SKIN BY NOVEL MEANS AND METHODS; by J. V. Shoemaker, A. M., M.D.

A paper read at the International Medical Congress, at Copenhagen.

"Catalepsy in a Child Three Years Old." "Typhoid Fever in the Young." "Inaugural Address Delivered Before the New York Academy of Medicine."

The above pamphlets are by A. Jacobi, M.D., of New York.

"Massage; the latest Handmaid of Medicine." "Value of Combining Motion with Extension in the Treatment of Diseases of the Hip-Joint."

Two pamphlets by Benj. Lee, A.M., M.D., Ph. D., of Philadelphia.

The Sanitary Monitor. This is a new monthly devoted to sanitary matters. J. F. Winn, M.D., editor, Richmond, Va. Price, $1.00 per year.

The North American Review has come out in a delicate blue color. This is its seventeenth year, but it never grows old. The contents of the July number are very attractive. The articles on "The Subteranean History of Man" and "European Influence in Asia" are specially interesting.

SPECIAL.

TRY miik of magnesia as an agreeable anti-acid and aperient, particularly for ladies and children. Try it during the hot weather.

IN writing to Messrs. Parke, Davis & Co., for literature, samples, etc., always mention THE MEDICAL WORLD. See their advertisement on last page cover.

READ carefully advertisement of Hastings & Garson's Improved uterine supporter, *and prices.* Send for circulars giving fuller description, and mention WORLD.

The presentation of this series of Reprints to the Medical Profession, added to other efforts during the past three years, should leave little doubt of our purpose to firmly establish the true therapeutic value of Lambert's Antiseptic Solution, known as "Listerine."

"The Diagnosis and Treatment of Chronic Nasal Catarrh," illustrated by Forty Wood Cuts of instruments and Diseased Conditions; by Prof. Geo. M. Lefferts, A. M., M. D., New York.

"Otitis Media Purulenta." (A Clinical Lecture,) by Proo. Dudley S. Reynolds, M. D., Louisville.

"Atrophic Nasal Catarrh:" (A Clinical Lecture,) By Carl Seiler, M. D., Philadelphia.

"Treatment of Diphtheria:" By Bedford Brown, M. D., Alexandria, Va.

"The Present Status of Antiseptic Surgery:" By Prof. Wm. Tod Helmuth, A. M., M. D., New York.

"Pyogenic Membranes—Post-Rectal Abscess:" By Prof. W. W. Dawson, M. D., Cincinnati.

"Fistulo In Ano:" By Prof. J. M. Mathews, M. D., Louisville.

"Treatment of Ovarian Cysts," By Incision and Permanent Drainage: Geo. F. French, A. M., M. D., Minneapolis, Minn.

"The Best Methods of Treating Operative Wounds," by Henry C. Marcy, A. M., M. D., ex-president American Academy of Medicine, Boston.

"A Laboratory Study of Listerine:" (Being a tabular exhibit of its action upon fermentative processes in comparison with Carbolic Acid.) By Frank C. Deems, M. D,, Ph. D., Late of University, of New York.

"Treatment of Whooping Cough." By Prof. John C. Keating, M. D., Philadelphia.

A Book of Popular Formulæ, introducing Listerine, is now in press for the use of Physicians who apply for it. Lambert Pharmacal Co., 116 Olive street, St. Louis. The above pamphlets will be sent free to readers of THE MEDICAL WORLD.

BY addressing Messrs. Griffith & Co., 146 Second Avenue, New York city, you will receive, free of

charge, a sample bottle of their excellent rheumatic preparation. See advertisement,

IN addition to Hydroleine, the well-known and efficient reconstructive agent, Messrs. William F. Kidder & Co., have placed two new preparations upon the market, viz: Wine of the Hypophosphites and "Digestylin." Do not delay becoming acquainted with them. Always mention WORLD.

To physicians willing to pay express charges, Wm. Proctor, Jr. Co., corner Ninth and Lumbard streets, Philadelphia, will send large samples of syr. hypophos. comp, digestive wine, pepsin, etc., if this journal is mentioned.

AMONG the many advantages of Nestle's Milk Food are the following: It requires no milk for its preparation; its delicious taste renders it almost universally acceptable; it contains all the elements necessary to nourish a child or invalid in the best manner; its moderate price. Send for pamphlet

L. H. GEDNEY'S capsules are preferred by many of the leading retail druggists of New York city. To readers of this journal a detailed list and samples of soft and hard capsules will be sent free. Address L. H. Gedney, 1714, First avenue, New York city.

NOW THAT summer suns are coming, diseases of the digestive tract will soon predominate. Do not delay making a practical acquaintance with that tried and established preparation, lactopeptine. A sample for trial will be sent free if THE WORLD is mentioned. See advertisement on page xii.

READ carefully the advertisement of Bunn's Uterine Supporter, on advertisement page. It is claimed that it has never disappointed a single physician who has tried it. Send him $1.50 for one, and 14 cents for postage, and report to him result of its use.

THE long-established and reliable firm of B. Keith & Co., have moved from 41 Liberty street, New York City, where they have been for twenty-five years, to 75 William street, New York City. Our best wishes go with them to their new location. The long existence and continued prosperity of this firm is conclusive evidence of the reliability of their preparations.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcomeby the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth street, New York City. The price is *very* reasonable. Send for descriptive circulars and mention THE WORLD.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free if you mention this journal.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

BE SURE to send a postal-card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent ree if WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm.R. Warner & Co. for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD. Notice the advertisement of hydrobromate of caffeine.

IT will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who address the Rio Chemical Company, 218 N. Second street, St. Louis, Mo., and mention this journal.

IF you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk, free if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co.. on adv. page vi.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore, and get a physician's sample of Mineral Earth. Always mention THE WORLD.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
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C. F. TYLOR, M. D., EDITOR AND PUBLISHER.
LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.
ADDRESS ALL COMMUNICATIONS TO
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Harmony Wanted.

The unfortunate predicament that the profession of the country finds itself in in reference to the International Medical Congress is due to two things: personal jealousies and the code; but principally, perhaps, to the latter. The meeting of the Congress in this country in 1887 concerns the *entire* profession of America, and it should work in universal harmony, ignoring minor differences. But the old-code men seem to consider themselves the "profession of America," and have taken matters into their own hands, leaving out new-codists, no-codists, etc. The fact that many brilliant medical stars are new-codists, etc., does not diminish the assumption of the old-codists, but now that there is very serious division among the old-codists themselves, we will with some interest await further developments.

The Philadelphia *Medical Times* suggests as the best, or only way out of the difficulty, that there be a national gathering for the purpose of forming a new organization of the Congress. We indorse the suggestion, and further suggest that no code controversy shall be allowed to disturb the harmony of its proceedings. The public have long been disgusted with code quarrels, and now many sensible physicians are beginning to get sick of such nonsense. Let this call for a national gathering be extended to every reputable physician who has not a handle (homœopathic, eclectic, etc.) to his name. The profession of America should give its foreign guests a hearty, whole-souled welcome; this welcome should not come from a code sect alone, but from the *American medical profession.* Our foreign visitors wish to see the profession of this country, and we should present it in its best light, and in harmonious action.

No code exists in the profession in other countries; hence, no sects nor divisions. We admire the code of the American Medical Association as a rhetorical effort; it is elegantly written, and contains much good advice and wholesome sentiments; it is worthy of preservation as a fine piece of ethical literature, but we object to it, or any other composition, being made an ethical law. Our reasons are simply; first, no such law is needed; and second, it not only does no good, but causes dissension and division, as it has so abundantly done in this country. As we have said once or twice before, the only code that governs is the code that every man carries in his own breast; and this we believe to be, in most instances, better than any code that can be written. We hope to see the time when the profession of this country will abolish all codes and stop all code controversies, and harmoniously give its undivided attention to medical science.

———o———

Is it a Gigantic Fraud?

It now transpires that Dr. Ferran, the Spanish cholera inoculist, is a charlatan and a fraud. The Chicago *Tribune* of July 22, contains a letter from Barcelona, written by an American pupil of Koch, giving an account of a visit to

Dr. Ferran. After introducing himself he expressed a desire to learn something of the inoculations. The Spaniard abruptly replied that he did not propose to acquaint anyone with his secret, claiming it as his property. "You would steal my secret!" he sneered, and the interview came to an end.

The American, though snubbed, was not to be out-done. He borrowed a suit and apron of a tailor, stained his face and arms brown, and applied for vaccination. A bistoury was "jabbed" in just above the left elbow and a brownish unguental substance inserted beneath the integument, and the wound was covered with a wafer of sticking plaster. He was told that an eruption would appear at the seat of the vaccination, and that violent catharisis ("induced cholera") would follow. As an adjuvant three little pills were given him, with instructions to take one at the 36th, one at 72nd and one at the 108th hour.

The American student hastened to his hotel, tore the plaster off and took out as much of the vaccination material as he could and subjected it to analysis. It was found that elaterium, croton oil and vaseline were the principal ingredients. Any therapeutist can readily understand why "cholera symptoms" follow, and why an eruption should appear at the seat of the wound. The little pills contained the same drugs, as if to make the action doubly certain. It is well known that the liquid dejections caused by the elaterium and croton oil resemble somewhat the "rice-water" discharges of cholera.

While we cannot at present vouch for the above, yet if it is true it is humiliating that so contemptible a fraud should attract the attention of the civilized world.

When we consider that cholera is not a blood disease, but one of the gastro-intestinal tract, —and that one attack does not give immunity from other attacks, but predisposes rather than protects, we cannot expect anything from inoculations. Facts have already shown that wherever the disease has prevailed in Spain, the inoculated are as readily and fatally attacked as those who have not been inoculated. It is stated that every one of forty-seven nuns who were inoculated by Dr. Farran have since died of cholera.

Progress in Obstetrics.

Vaginal injections after normal labor have been abandoned in most of the institutions in Germany. This is a commendable step, as it allows nature to proceed in her own way, which is always not only safe, but infinitely preferable in all natural cases. The real duties of the accoucheur in normal cases are not great. His duties begin when the normal procedure is deviated from, and cease when the normal is restored. Of late years there has been much unnecessary and perhaps injurious "tampering" in obstetrics. The simple and safe rule is to do nothing until indicated. The prominence which cleanliness and antisepsis has reached in the last few years is deserved; but even good things should not be carried to an extreme.

The German institutions above referred to practice careful antepartum precautions against sepsis. "After a bath and scrubbing of the body, especially the genitals, with soap and water, the vagina is thoroughly douched with a solution of corrosive sublimate of 1 to 5000, and the external parts and ostium vaginæ are washed with one of 1 to 1000. Whenever during labor repeated digital examinations are made, the douche of 1 to 5000 is used again. Towards the end, the vulva is well annointed with corrosive sublimate in glycerine 1 to 1000." Such precautions are quite necessary in public institutions, and would doubtless prove of great value in private practice.

Offer Continued.

Doubtless the extremely hot weather has deterred many of our subscribers from embracing the offer of instruments and inhaler at reduced price, made iu July WORLD, page 237. We have obtained an extension of the offer during August, but this will be the extreme limit. We wish to reiterate the assurance that should either the instrument or inhaler prove unsatisfactory after thirty days trial, the money will be returned if goods are returned in good order. This is scarcely necessary, however, as the offer is to enable our patrons to obtain new and useful instruments at a low price. Read terms of offer *carefully* before sending. Remember that the $1 for instruments barely pays the cost price for them and has nothing to do with paying for THE WORLD. If you wish to renew your subscription, or should one not already a subscriber wish to subscribe and at the same time embrace the offer, another dollar is of course necessary, makIng $2—$1 for WORLD and $1 for instruments.

The Current Medical Thought.

Diagnostic Odors of the Breath.

The breath of menstruating females has a disagreeable earthy or mouldy odor, which is quite diagnostic and an almost infallible sign. At such times, women should exercise some extra caution in the hygiene of the mouth.

A chloroform-like breath accompanies high temperatures in children, and is frequently indicative of pneumonia.

The breath of the subjects of confirmed diabetes mellitus often resembles that of people addicted to the abuse of alcohol; and this fact would probably account for many mistakes which occur in the arrest of so-called drunkards.

The internal administration of sulphide of calcium, continued for some time, gives a strong odor of sulphuretted hydrogen, or rotten eggs, to the breath and excretions, and blackens silver coins or jewels carried about the person.

To Reduce Temperature.

It is stated that the application of ice-bags over the clavicles efficiently controls the temperature in fevers, owing to the fact that the cold is here brought into contact with a large share of the blood of the body by the great superficial veins of the neck. This appears worthy of trial.

Odor of Hair.

Human hair possesses a faint indescribable odor, *sui generis*, which is nevertheless easily recognized. This odor is peculiar to "live" hair, or hair that has been removed during the life of the individual. Hair removed after death entirely loses this distinctive smell. Dealers in hair are aware of this fact, and can estimate how "bangs" or "plats" have been procured.

This is a point which may prove of practical diagnostic value in some medico-legal investigations.

The hair of the Chinese has a marked odor of musk, which is constant, and quite independent of any artificial cosmetic application. During attacks of hysteria and hystero-epilepsy, the hair evolves a characteristic odor resembling ozone.

In the various forms of favus, the hair of the affected part has a sickly, fetid smell, which resembles the urine of cats, or mice, or the exhalations of swampy or marshy ground; and this odor does not disappear during treatment until the disease has been overcome. In simple impetigo, the hair smells like sour milk. Burnt hair has a pungent offensive smell, which is not easily forgotten.

For Syphilitic Disease of the Internal Ear.

Professor Politzer, of Vienna, obtains good results in syphilitic disease of the labrynth by the subcutaneous injection of pilocarpine. He employs a twenty per cent solution, of which he injects from two to six drops daily. He says this treatment is very efficacious in recent syphilitic disease, but of very little use in the hereditary form or in other diseases of the labyrinth.

Cremation.

The ancient plan of cremation consisted (as still obtains in the east) of simple open-air burning upon a pyre of wood or other fuel, usually perfumed. This gives rise to a thick smoke and unpleasant odors, and could not be tolerated in more civilized countries. The ingenuity of experts was taxed to provide a method by which corpses might be reduced to ashes expeditiously and without the escape of deleterious gases and odors. Five principal processes have been introduced—by Polli, Clericetti, Brunetti, Siemens and Gorini.

The Siemens process cremates by the action of air heated to an extraordinary degree, so intensely high as to destroy the corpse and decompose the bones within half-an-hour. A still more rapid and easy process is that of Gorini. No gas nor air is employed at all, only wood or coal, by means of which a special patented mixture is heated to liquefaction, and in this the body is consumed with wonderful despatch, and, without odor, is transformed into carbonic acid, carbonated hydrogen, and a clear vapor, not distinguishable in the air. Nothing remains but the calcined ash, which is readily collected and preserved by drying. This process is absolutely free from smoke and odor.

Among other advantages, cremation offers speedy resolution of the body into its harmless, constituent elements, in place of its slow and revolting disintegration by putrefaction; suppression of grave-yards and cemeteries, which are assuredly sources of infection both through the air and the soil, and especially when the burial ground is near to wells and springs and running water—this danger is so patent that Pasteur has advocated the cremation of animals dying of epizootic diseases); facility of trans-

port of the remains, and economy of expense.

The chief objection to cremation bears a medico-legal aspect. It is urged that it would probably destroy all possibility of detecting death when due to criminal poisoning. But greater stringency in the carrying out of the laws respecting death certificates, and widespread dissemination of such stringency, would go far to obviate this objection; moreover, many vegetable poisons cannot be detected with certainty in the case of burial, after any appreciable lapse of time, while many mineral poisons, including arsenic—one of the most commonly employed—may be detected by chemical analysis after cremation.

Erratic Courses of Bullets.

Here are two cases showing the erratic courses bullets sometimes take. The soldier was lying down, evidently in wide-mouthed wonder, at the Arabs; the bullet entered the mouth, and passed out through the floor of the mouth in the submaxillary space, not even touching the teeth, jawbone, or any vessels. This same bullet again entered the sterno-mastoid muscle, about three inches above the sternum; but, having passed through the soldier's coat-collar, had little force left, and, consequently, was removed from just under the skin. The other case was almost similar, the bullet entering the mouth as the man was lying down; but it, unfortunately, fractured the lower jaw, and knocked out several teeth. This bullet also passed out through the floor of the mouth, but did not again enter any part of the body.

Cholera Infantum and Summer Diarrhœa.

Cholera infantum is a dangerous disease, usually attacking children under two years of age, and is most prevalent in the summer time. Overcrowding, prolonged heat, bad drainage, contaminated milk and drinking water, and tainted foods are its chief promoters. It may arise *per se*, and quite suddenly, or may be the sequence of summer diarrhœa. Copious and frequent watery evacuations are followed by intense irritability of stomach, persistent rejection of food, thirst, feeble rapid pulse; temperature 105° or higher. Under these conditions, the child wastes in a few hours, and soon presents a wan, worn appearance, characteristic of the disease. Collapse, altered respiration and suppression of urine usher in the end. This form of disease is terribly fatal, far more so than the milder and more usual type, summer diarrhœa, which presents less pronounced, but well-known symptomes, and is more amenable to treatment. Nevertheless, summer diarrhœa is very treacherous, sometimes killing in a few hours, through sudden collapse and fall of temperature.

Cholera infantum is best treated with sulphuric acid and other astringents, and opium, both internally and per rectum; two or three drops of laudanum in an ounce of mucilage of starch as an injection. A poultice of flaxseed and mustard, or turpentine stupes, should be applied to the abdomen; and carbonate of ammonia, or, preferably, whisky—about ten drops—in a little lime-water, when collapse threatens.

The treatment of summer diarrhœa should be initiated by the administration of castor-oil or calomel, to remove the *materies morbi*, after which small doses of hydrargyrum cum creta, say one-third grain every two hours, combined with a little bismuth, soda, or rhubarb, according to indications, furnish a successful mode of treatment in many cases. Corrosive sublimate has also an excellent effect in doses of $\frac{1}{100}$th of a grain every hour, in a little water. This latter remedy has been long employed; now we begin to recognize the scientific explanation of its action. A grain or two of oxide of zinc, every two or three hours, is useful, when it does not provoke emesis. A grain or so of acetate of lead or of iron-alum, frequently repeated, succeeds sometimes. In many cases, one drop of ipecacuanha wine every hour in water has a remarkable effect. Sulphur in small doses has also been extolled, as also chlorate of potash, oxide of silver, camphor, capsicum and cold baths. A blister to the nape of the neck is useful. Thus, we have many so-called remedies, each having its advocates, yet none are reliable, and we are all the time losing large numbers of cases. We believe that many of these failures are due to delay when active treatment is called for, through the mother's thinking that the child is only suffering from the diarrhœa incidental to teething, whereas it is the victim of a far more serious condition and requires immediate attention. Perhaps the most important step towards securing a successful issue is the instant removal of the patient, when practicable, to a purer and wider air. All foods should be given sparingly and frequently; and the most useful dietetic agents during treatment include milk and lime-water, whey, raw arrowroot, raw meat-juice and white of egg dissolved in water. Some of the proprietary foods, as Nestle's, Horlick's, etc., are useful.

THE leaves of *Tanacetum vulgare* (common tansy) strewn about the meat-safe, will help to keep the flies away. This is probably due to the camphor, which is present in the volatile oil of the leaves.

Phthisis Communicated by Coitus.

M. Richard, at a recent meeting of the Societè Medicale des Hopitaux, described a case which supports the hypothesis that tuberculosis may be transmitted by the genital organs. The patient was a strong man; there had never been phthisis in his family. He contracted what appeared to be an ordinary gonorrhœa, and was cured in a month. Two months subsequently, there was a painless discharge. The urine contained a small quantity of blood; the purulent discharge continued. Two months afterwards, the patient suffered from pulmonary phthisis, and was obliged to enter the hospital. The prostrate and vesiculæ seminales were discovered to be tuberculous. These were the primary lesions, and from them the organism became infected.

Hint to Tourists.

Intending tourists on the continent of Europe should dilute their *vin ordinaire*—the usual dinner-table beverage—with some *natural* mineral water, as St. Gaulmier, Apollinaris, Seltzer, etc., (which are always obtainable) and not with the contents of the *syphons*, which contain unreliable water, impregnated with carbonic acid. Enteric fever is quite common in those parts; and even though one may not be absolutely down with the disease, intestinal irritation and a general feeling of *malaise* is often engendered through frequent use of suspicious well-water.

Burns on the Face, Etc.

In scalds and superficial burns on the face and neck in young children, the application of molasses, directly over the surface, as a continuous dressing to the scald or burn, until complete cicatrization is effected, is an admirable remedy, always handy. The best mode of applying it in scalds and burns on the face and neck is to take blotting paper, or soft white-brown paper, torn into pieces, each about half an inch by an inch and a half, and these will have the edges more fluffy and absorbent than if the paper be cut with scissors. Then dip the pieces of paper into the molasses, and so lay them on the part, one by one, as to cross in every possible direction, that by mutual overlapping and entanglement they may unite and form a closely-fitting mask or shield to the part. If the scald or burn be on the face, molasses has this advantage in children that, if a little of it run down into the angles of the mouth, it is not distasteful, but rather agreeable to the little patient; and if it is applied immediately after the injury, the air and its constituents will not have access to the wound so as to set up septic action in the secretions of the part. If the molasses be in excess of the dressing round the edges, it may be removed by wiping with a dry cloth; and the edges may then be dusted with flour, powdered oxide of zinc, bismuth, or other drying material.—Prof. Lund, (Eng.)

[The application of the ung. hydrargyri nitratis mitius (P. B.) to a burn, as soon as cicatrization is completed, greatly diminishes the tendency exhibited by the newly formed tissue to contract and distort the part. In cases of burns on the hand and fingers, or fingers and toes, this treatment causes the resulting cicatrix to be more yielding to gradual extension, and helps the surgeon in removing deformity.—Ed.]

Glycerine, for Dry Tongue and Thirst.

Surgeon-Major S. K. Cotter, in a recent number of the *Indian Medical Gazette*, relates the case of a patient suffering from enteric fever who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerine frequently, and the result was that at the first trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but not really dry to the touch; after renewed application of the glycerine he at once slept again. Surgeon-Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating. But, in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.

Value of Antiseptic Atmosphere.

A remarkable immunity from phthisis and other chest diseases has been noticed among people who dwell in vicinities where peat is habitually burnt, as in many parts of the highlands of Scotland. This is ascribed to the inhalation of peat-smoke, which contains antiseptic ingredients, as tar, creosote, tannin, etc. Diphtheria and croup are said to be rare in the neighborhood of gas-works.

When not to treat syphilis with mercurials.—In phthisis, nephritis, scrofula, profound anæmia, sloughing and phagedæna. This does not apply to syphilitic nephritis; nor to very mild phthisis.

A Cause of Jaundice.

From pressure upon, or obstruction of, the *ductus communis choledicus* bile, after it has been secreted, is partly or wholly prevented from escaping into the intestine. The gall-bladder and large and small ducts soon become distended by the accumulation of the bile within their walls, and it becomes re-absorbed, from want of outlet, by the numerous lymphatics of these vessels. The constituents of the bile, more or less altered, find their way into the blood, and are partly deposited in the tissues and partly carried off in the urine, little or, in some cases, none, passing into the intestines.

Prognosis in Kidney Disease.

A well-nourished burly man is more likely to die quickly from kidney disease than a thin person. If the patient is very stout and florid, in apparently robust health, and full-blooded, when the disease first appears, and especially when dropsy, with nausea, dyspnœa, weak heart, etc., set in at an early stage, the prognosis is highly unfavorable, and a fatal issue is probably at hand, probably either by epileptic renal coma, or urœmia. But should the dropsy and other symptoms be slight, and not appear very early, and should the patient emaciate slowly through diminution of blood, the case may go on for years. Possibly repeated moderate bleedings would be of service in such cases, under due precautions.

Vaccinating a Mother's Mark.

The effects of vaccinating a "mother's mark" are very gradual, though often eventually successful. At first the redness of the part looks ominous, but it is well to know that if pustulation with its necessary attendant inflammation be thoroughly established, sooner or later contraction will result.

In What Form Mercury Enters the Blood.

In whatever form mercury is exhibited, it is probably converted into corrosive sublimate and enters the blood as an albuminate, with the liberation of chlorine. It has been suggested that the addition of ten parts of common salt to one part of sublimate renders the solution less irritant, and less productive of inflammatory deposits.

HAY FEVER rarely or never occurs in a negro. The race is practically exempt from it.

Medicines Which Stimulate the Liver.

Podophyllin, in small doses, is a stimulant of the liver. During the increased secretion of bile, the percentage amount of the special bile solids is not diminished. If the dose be too large, the secretion of bile is not increased. It is a powerful intestinal irritant.

Euonymin is a powerful hepatic stimulant. It is not nearly so powerful an irritant of the intestine as podophyllin.

Sanguinarian is a powerful hepatic stimulant. It also stimulates the intestine, but not nearly so powerfully as podophyllin.

Irisin, is a powerful hepatic stimulant. It also stimulates the intestine, but not so powerfully as podophyllin.

Leptandrin is a hepatic stimulant of moderate power. It is a feeble intestinal stimulant.

Colocynth is a powerful hepatic as well as intestinal stimulant. It renders the bile more watery, but increases the secretion of biliary matter.

Jalap is a powerful hepatic as well as intestinal stimulant.

Menispermin does not stimulate the liver. It slightly irritates the intestinal glands.

Baptisin is a hepatic, and also an intestinal stimulant of considerable power.

Phytolacin is a hepatic stimulant of considerable power. It also slightly stimulates the intestinal glands.

Hydrastin is a moderately powerful hepatic stimulant, and a feeble intestinal stimulant.

Juglandin is a moderately powerful hepatic and a mild intestinal stimulant.

Chloride of ammonium is credited with cholagogue properties, but it is questionable; nevertheless, it certainly stimulates the intestinal glands.

Calomel is a powerful purgative, but whether it stimulates the liver is still *sub judice*.

Corrosive sublimate is a potent hepatic stimulant, but acts feebly on the intestine.

Sulphate of potash is a powerful intestinal irritant, but its action on the liver is variable and unreliable.

Taraxacum is a feeble hepatic stimulant.

Dilute nitro-muriatic acid has a moderate stimulant action on the liver.

Boldo, bromide of potassium, nitrate of potash, and hard soap have each some stimulant action on the liver.

Dr. R. R. Hall, of Aurora, Ill., writes: "Your journal is of more value to me than the four others that I am taking; I would not miss one number for the price for a whole year. The chart is valuable."

Treatment of Gout.

In the treatment of gout, the solution known in Scotland as the "Edinburgh mixture," has a wide-spread and deserved reputation, when the case is unattended with congestion or inflammation of the kidneys or other internal organs. It is prepared thus:

℞	Potass. iodidi.....	ʒ ss
	Liq. hydrarg. perchloride (B. P.)...	ʒ vj
	Inf. quassiæ.....ad...	ʒ vj

M.—Sig. One tablespoonful every three hours. Five minim doses (or more) of liquor morphiæ hydrochloratis may be conveniently added, if there be much pain.

Prevention of Typhoid.

Oh! 'tis hard in these days of disease and infection,
To know how to act, to remain in good health;
An enemy lurks, almost free of detection,
Nor spares those in want, nor those having wealth.

Dread small-pox is wafted about in the breezes,
But yet we must breathe it—can't live without air;
And measles and other such direful diseases,
Are carried about in the clothes that we wear.

But what's to be done? We can't go without clothing;
Ha! Ha! Happy thought; there is one disease yet,
Infests both our milk and our water with loathing,
'Tis typhoid, and that we can euchre, you bet.

For tho' we're compelled to risk small-pox and measles,
In the air that we breathe and the clothes that we wear,
In the matter of typhoid we're artful as measels,
Exchanging cold water for whisky and beer.

L. L.

Can Cholera be Averted?

A series of five articles on the above subject, by Drs. J. B. Hamilton, J. H. Rauch, J. C. Peters, H. C. Wood and C. A. Leale, appears in the *North American Review* for August. All agree in the germ origin and nature of the disease; all agree that it can be averted only by rigid quarantine with disinfection. Dr. Hamilton urges that the work of prevention should begin in India, its native home, and that vigorous enforcement of sanitary measures there would thoroughly eradicate cholera, and make India no longer a dangerous member of the international family. He speaks of the old quarantine rule requiring detention of infected ships for forty days after the last case, and the new method of isolating any cases that may be on board and thoroughly disinfecting ship, cargo and passengers, and then allowing all to depart. The latter method not only saves time, but it is infinitely safer. Under the old method, the effects of emigrants, when unpacked months afterward in different portions of the country have spread the disease. The thorough destruction of all germs at the quarantine station renders all safe. When cholera breaks out in a place, in addition to other municipal measures, special hospitals and public laundries should be provided; and cremation of the dead is also to be advised. The Doctor does not regard with much promise Dr. Ferran's efforts to prevent cholera by inoculation. Instead of one attack producing immunity from subsequent attacks, as in measels, small-pox, etc., it is quite the reverse with cholera, one attack predisposing to subsequent ones by "increasing the susceptibility of the mucous lining of the intestine to the peculiar irritation of the parasite."

Dr. Rauch says that as every epidemic of cholera in this country is directly attributable to the immigrant and his effects, immigration from infected districts of other countries should be suspended.

All the poison of cholera is contained in the discharges from the stomach and bowels, and possibly the kidneys. The primary colored discharges are just as infective as the latter and more characteristic ones, and fortunately they are usually alkaline, while the discharges of diarrhœa and cholera morbus are generally acid. Thus a pretty reliable diagnosis can be be made with a piece of litmus paper. The germs in cholera discharges are easily killed by acids; but in a warm alkaline fluid containing organic matter, as the intestinal contents, or contents of a foul stomach, it is estimated that one germ will produce sixteen millions in twenty-four hours. Nineteen men accidentally drank of water in which rice-water cholera discharges had been placed for microscopical examination. Five were attacked with cholera and three died; the rest escaped. The fourteen who escaped had healthy stomachs in which digestion was at the time going on, and the germs meeting the acid gastric juice were destroyed. The five stomachs were either empty or foul, or both, presenting alkaline contents in which the germs rapidly multiplied. Dr. Peters recommends aromatic sulphuric acid in the treatment of cholera, which perhaps will be aided by the addition of pepsin. Nitric, muriatic, phosphoric, gallic and boric acids are also highly spoken of.

"No amount of impure air will cause Asiatic cholera unless the germs have already been swallowed down into the stomach of the sufferer." But gasses and smells coming from dirty gutters, sewers, stables, etc., will render all cases more severe, or even fatal and hopeless. "No amount of impure water will cause true Asiatic cholera unless the germs of the disease have already got into it. But polluted water will render cases of Asiatic cholera hopeless." "The United States and other navies have long protected their crews not only from cholera, but from dysentery, topical diarrhœa and almost all bowel complaints, by the use of distilled water."

"No amount of imprudence in diet alone will cause Asiatic cholera unless some of the articles have been handled by those already suffering from the disease, and then a piece of bread will be as dangerous as an apple. But any and every imprudence and mistake in diet will greatly aggravate a case of Asiatic cholera."

"Reliable disinfectants and germicides for all cholera discharges and soiled clothes are now well known and are cheap. One pound of corrosive sublimate in five hundred pounds of water is the best. This may even be drank with impunity by the wine or claret glassful or more, and will kill all the germs in the systems of the patients, will disinfect all clothing which is placed in it, and all the discharges to which it is added. * * * Weak sulphuric acid lemonade seems well established, practically, as a preventive and curative remedy; but phosphoric acid is far safer for the populace, and doubtless equally good."

"Cholera is a disease that can occur more than once. One attack does not confer immunity; hence inoculation cannot well prevent it. All the Spanish cases of inoculation were imperfect, as they did not produce the symptoms of cholera, but only local symptoms and some blood poisoning from septic substances. Cholera is not a blood disease, but most distinctly a primary stomach or bowel affection. While the best wishes of practical physicians go with the inoculators, they are not very sanguine or hopeful of this method. The preventive and curative treatment with acids is far more rational, more securely based upon experiments and results, and has been successful enough to recommend it to every one; while it can be used with but little trouble or expense or danger by every person, physician and householder."

Dr. H. C. Wood considers how to avoid cholera "if it overleaps the feeble barriers of a North American quarantine." He addresses himself to the rich first, and advises against much frequented resorts and low-lying places. "An isolated country residence in the mountains, the depths of an Adirondack wilderness, the loneliness of a yacht upon a Northern ocean; such are the places to which a rich man thinking only of his own safety should resort."

The second class considered are those forced to remain in large cities or to travel. "Slum" localities are to be shunned. As the main source of danger is through drink, too much care cannot be taken in this respect. Only water that has been boiled for two hours should be drank. As a traveling man cannot always get boiled water, some immunity may be had in the use of tea and coffee. Reliable bottled waters are safe; also bottled light wines and malt liquors, but all liquors on draught should be avoided. Adding brandy to water is of no use in preventing cholera, and may do injury by leading to too free use of the stimulant. Experience has shown that sulphuric acid has some prophylactic value, and in small quantities it is very good for the general health in summer. Two drops should be added to each tumbler of water.

The last class spoken of are those who are forced to come in contact with the sick. Absolute cleanliness and good ventilation are insisted upon. All discharges and clothing should be thoroughly disinfected. The attendant must wash his hands well after touching a patient or infected clothing, as there is danger of self infection by carrying particles to the mouth. In case of death, the corpse should be at once wrapped in a sheet soaked with a saturated solution of corrosive sublimate, put in a tight casket and buried privately without necessary delay.

"There are only two disinfectants which should be employed for the purpose of destroying cholera germs; *i. e.*, chlorinated lime and corrosive sublimate. * * * The objection to corrosive sublimate is that its solution, lacking odor and color, may give rise to accidental poisoning. This may be obviated by the use of the following formula, which affords an absolutely reliable germicidal solution, not readily mistaken for harmless liquid. Corrosive sublimate, half an ounce; permanganate of potassium, half a drachm, water, ten ounces. For use this solution may be well diluted with ten times its bulk of water, and of this solution two ounces may be used for each cholera evacuation. For washing the hands the dilute liquid should be further weakened with a hundred times its bulk of water, and always after the use of even this diluted solution, the hands should be at once rinsed with abundance of water and then washed with soap and water."

Dr. Leale says that the Chinese keep exempt from cholera by drinking an infusion of tea or cheap vegetable. When inconvenient to obtain boiled water, he suggests that a small quantity of common alum be added to the water. "Alum is a powerful and perfectly safe water purifier." He also advises that alum be used as a disinfectant, asserting that it is the "best, cheapest and safest."

Dr. Geo. T. Waters, of Boston, Mass., says: "THE MEDICAL WORLD is one of the journals that I read through at one sitting, if it takes all night. I then re-read leisurely as opportunity or inclination occurs."

Pilocarpine in Diabetes.

One-twentieth of a grain of philocarpine combined with one grain of sulphate of potash, three times a day, has been found successful in a large number of cases of diabetes mellitus. The London *Medical Record* considers the value of this drug in the disease as established.

Camphor as a Preventive of Cholera.

Dr. O. S. Sanders, of Boston, says that the use of camphor is an excellent safe-guard against cholera, according to the medical authorities at Naples, where persons who habitually took it in lump sugar were exempt from the disease. Carrying gum camphor in the pocket as a preventive is also advised.

Cholera Preventive.

Dilute sulphuric acid lemonade has proven to be a most valuable preventive of cholera. The method of making lemonade is as follows: About twenty drops of the dilute sulphuric acid. is mixed with half a glassful of water, and sweetened with white sugar. The acid is disguised greatly by the addition of a few drops of oil of lemon, and a few slices of lemon.—*Peoples' Health Journal.*

Prevention of Cholera.

United States Consul Frank H. Mason, of Marseilles, has sent to the Department of State a resume of the practical conclusions concerning the nature of Asiatic cholera and the best methods of prevention and treatment as derived from studies of the epidemics of 1884 and preceding years at Marseilles.

Mr. Mason says there is nothing more perilous than for persons who have once left an infected atmosphere to return to it before the pestilence is completely suppressed. The fact should be urged that during an epidemic public apprehension is always out of the proportion to the real danger, and that a person with a cool head and good digestion, who lives carefully, sleeps regularly and avoids the every-day imprudences, which are always more or less injurious, can live amidst cholera patients indefinitely without serious danger. During the whole of last year's epidemic not a single nurse at the Pharo Hospital, nor one of the workmen at the cemetery where the dead were buried was stricken with cholera. At the close of the ordeal thousands of persons who had remained in the city during the entire summer found themselves in more perfect health than they had known for years, by reason simply of their regular abstemious living during the months of peril. On the other hand, a young physician, who ate half a dozen apricots and afterward drank several glasses of cold beer at noon, was dead and buried before midnight.

"Among the imprudences which become dangerous in presence of cholera or overeating to the extent of producing lethargy or indigestion, drinking any liquid so cold as to check the process of digestion, the eating of raw vegetables in the form of salads, and, in general, the use of raw fruits unless they are perfectly fresh and ripe. Drinking cold water or beer after having eaten raw fruit is a direct challenge to cholera which no person, however strong and healthy, can afford to risk.

"The susceptibility of drunkards to choleric influences is proved by abundant evidences, among which may be cited the sweeping fatality of the disease wherever it has attacked the inmates of an inebriate asylum. Anything, in fact, whether of a temporary or chronic nature, which impairs the vigor of the digestive organs, exposes the person thus weakened to choleraic attack."

Health of the Chinese.

The Chinese consul in New York states that, despite the apparent neglect by the Chinese of most laws that to our ways of thinking are absolutely essential to health, it is rare that one of the race dies of a zymotic disease. He says that his people have been studying the laws of health for the last thousand years, and that they have, to this extent, mastered those laws is proved, to his mind, by the circumstance that contagious disease is seldom found among them.—*Medical Times.*

May this not be the result of want of susceptibility rather than a correct manner of living? For example, negroes are seldom attacked with yellow fever. Different races are not equally susceptible to contagion.

Chloral and Ammonium Bromide in Febrile Delirium.

These two agents are of great service in the treatment of the delirium incidental to typhoid and eruptive fevers. The delirium frequently yields to fifteen or twenty grains of bromide of ammonium in divided doses during the day, with small doses of chloral at night.—Dr. G. H. Hughes.

Sanitary Mustaches.

A Parisian paper has published a letter from a correspondent in a southern French town, in which he describes an extraordinary system of prophylaxis against cholera which has come into vogue there. The epidemic has not, indeed, made its appearance in, or anywhere near, the place, but the inhabitants live in constant apprehension of a visit from it. A. M. C—, who is one of the principal alarmists, took, it seems, to oiling his mustache with carbolic acid some time ago in the hope of "disgusting the microbes," and so keeping them away from his respiratory apparatus. Soon after, a nephew of this ingenious gentleman, a youth still in his teens, to whom nature had so far refused the means of following his uncle's example to the letter, bought himself a pair of artificial mustaches such as are worn in carnival time, and these he regularly irrigates with the salutary, if unfragrant, fluid. The panic spreading in the family, Mademoiselle C— was next observed by the members, when she took her evening walk in the garden, to be the wearer of a superb pair of sanitary mustaches; and, if we may credit the correspondent, the example has proved as contagious as the cholera itself; several of the townspeople of both sexes have adopted the preventive treatment in use in the C— family; and, if there be no epidemic of cholera in the town, a perfect epidemic of mustaches is raging there.

A New Frankenstein.

A Spanish scientist lately exhibited at the Madrid Academy, some remarkable imitations of organic tissues. He has invented a complicated machine which converts sulphate of lime and oil into epithelium, fibro-cellular and alveolar tissue. By adjustment of the machine and delicate manipulations, different organic forms are produced, round and polygonal cells, alveolar textures with perforations in the walls, etc. He considers that the structure of tissues depends only on physical conditions, no "mysterious living principle" being necessary for their evolution, any more than for that of organic chemical substances, such as urea, which can undoubtedly be built up synthetically by chemists.

This reminds one of the fantastic story, "Frankenstein," by the English Poet Shelley (or his wife), wherein a student succeeds in building up a human body, and eventually imbues it with the actual principle of life, much to his ultimate dismay, for it shows base ingratitude for the favor.

Dietetic Errors as a Cause of Disease.

I have come to the conclusion that a proportion, amounting at least to more than one-half, of the diseases which imbitter the middle and latter part of life among the middle and upper classes of the population, is due to avoidable errors in diet. Further, while such diseases render so much of life, for many, disappointing, unhappy and profitless, a term of painful endurance, for not a few it shortens life considerably. It would not be a difficult task—and its results if displayed here would be striking—to adduce in support of these views a numerical statement showing causes which prematurely terminate life among the classes referred to in England, based upon the Registrar-General's reports, or by consulting the records of life-assurance experience.—SIR HENRY THOMPSON, in *Popular Science Monthly*, for July.

CLASS-ROOM NOTES.

(FROM THE "COLLEGE AND CLINICAL RECORD.")

—As a strong solvent for *urinary calculi*, of the *uric acid* variety, Prof. Bartholow speaks highly of the tartraborate of potassium in doses of a scruple ter die, in water.

—Prof. Da Costa, in *functional indigestion*, advises the following course of treatment:—

℞ Acidi nitro-muriatici..... ʒ ss ℥ij
Vini pepsin..... ℥ ij
M.—Sig. A teaspoonful ter die, at meal time.

—An excellent *cold application* is formed of the following (Prof. Gross):—

℞ Potassii nitrati .....
Ammonii chlorid.....āā... ʒ v
Aquæ ..... ℥ j

—A child five years old was shown to the class, by Prof. Bartholow, who had *dyspepsia*, with morning nausea and vomiting. It was given liq. potassii arsenitis, gtt. j, in water, ter die, after meals.

—The early treatment of *congenital syphilis*, with Prof. Gross, consists entirely of inunctions of the ung. hydrarg. oleat., five per cent. When child is old enough, give mercury by stomach, and preferably the hydrarg. cum cretâ.

—When a *syphilitic patient* cannot take potassium iodide, Prof. Gross gives—

℞ Tinct. iodi..... gtt. vj
Syrupi aurantii..... ʒ j
Aquæ.....q. s. ad... ℥ j
M.—Sig. Ter die.

—For *dyspepsia* Prof. Pancoast likes a combination as follows:—

℞ Elix. pepsin. et bismuth..... ℥ ij
Ext. cinchonæ fld..... ℥ j
Elix. zingiberis..... ℥ j
M.—Sig. Dessertspoonful at meal time.

—As a *tonic* in broken-down individuals, Prof. Pancoast prescribes—

℞ Quininæ sulph..... gr. j
Ferri pyrophosphat..... gr. ij
Ext. ignat. amar..... gr. ⅓
Mix.—Ft. pil.

—Prof. Gross recommends the following as a *hair tonic*:—

℞ Tinct. cantharidis..... ℥ j ss
Tinct. capsici..... gtt. xx
Glycerini..... ℥ ss
Aquæ cologniensis.....q. s.... ℥ vj

—When *constipation* is limited to the gastric trouble, use—

℞ Pulv. rhei..... ℈ j
Quininæ sulph..... gr. x
M.—Div. mas. in pil. No. x. Sig. One at bedtime.

—For a case of *paralysis agitans* in a man 65 years old, Prof. Bartholow prescribed hyoscyamine, gr. $\frac{1}{80}$ once every day, and morning and evening, picrotoxin, gr. $\frac{1}{60}$. As he presented the aspect of sclerotic changes, he was also given the lactophosphate of lime.

—A favorite laxative with Prof. Gross is—

℞ Rhei pulv..... gr. ij
Aloin..... gr. 1-5
Podophyli..... gr. 1-5
M. et ft. pil. No. 1.—Sig. At bedtime.

—In a case of "*drop wrist*" in an anæmic woman, Prof. Bartholow gave, to eliminate the lead, a scruple of sodium iodide, ter die, well diluted and on an empty stomach. On account of the anæmia, the potassium iodide was contra-indicated, being a paralyzer.

—For a boy aged 8 years, with *chorea*, limited to the voluntary muscles, Prof. Bartholow ordered that the child be kept from school. A pill of the iron iodide was given ter die, also liq. potassii., gtt. iij, at first, then soon to be increased to gtt. v ter die, and again reduced to gtt. iij ter die.

—For *migraine* in a woman aged 45, the attacks of pain occurring every two weeks, Prof. Da Costa advised a diet from which meat should be excluded, also ℥ j of Rochelle salts in the morning, with liq. potassii arsenitis, gtt. iij–v, ter die. The oleate of aconitia was directed to be rubbed in over the seat of pain.

—Prof. Bartholow says that *itching of the skin*, from any cause, can be allayed by sponging the patient with—

℞ Acid. carbol..... ℥ ij
Glycerini..... ℥ j
Aquæ rosæ.....ad... ℥ viij
M.—Sig. Lotion.

—For *superficial neuralgia*, the following will often be found of benefit. (Prof. Bartholow.)

℞ Ol. caryophylli.....
Ol. gaultheriæ.....
Ol. thymi.....āā... ℥ j
Tinct. benzoini.....
Tinct. cinnamomi.....āā... ℥ iv

—For *chronic ulcers* of the leg which resist various plans of treatment, Prof. Bartholow advises that the surface and surrounding skin be blistered, to be followed by the application of a poultice. This done, use the following:—

℞ Plumbi nitrat..... ℥ j
Ung. petrolei (cosmoline)..... ℥ j

—To a *granulating surface*, Prof. Gross applies the following:—

℞ Acidi nitrici..... ℥ j
Pulv. acac..... ℥ ss
Aquæ..... ℥ j
Or
℞ Ung. hydrarg. nit..... ℥ j
Adipis benzoat..... ℥ x
M.

These are used to promote rapid ciatrization.

—A young woman—a seamstress—was presented to the class by Prof. Bartholow, suffering from severe *headache* and *anæmia*. Prof. B. said it was not wise to give the bromides in such a case, but better the phosphate of iron, quinine and strychnine, with well-regulated outdoor exercise. Diet—meats, and not too much starchy matters. Inunctions of fat at night, after a warm bath, are of value. "The body of an adult will take up half an ounce of fat."

—An aggravated case of *gastric catarrh*, with gastralgia, was before the clinic, for which Prof. Da Costa advised the following treatment: Diet—milk and soft-boiled eggs, a little lime water to be added to the milk. Between meals she is to take bismuthi subnitras, gr. xv. At night—

℞ Aloes..... gr. ¼
Ext. belladonnæ..... gr. 1-12
M.—Sig. In pill.

—For *hystero-epilepsy* occurring in a young girl 17 years old, Prof. Da Costa prescribed:—

℞ Acid. hydrobromic. dilut..... ℥ ss
Sig.—Bis die.

Constipation being a marked element, she was directed to take a pill consisting of—

℞ Aloes..... gr. 1-6
Ext. belladonnæ..... gr. 1-12
Capsici..... gr. ⅓
M.—Sig. At night.

—For a case of *syphilitic lobar pneumonia*, Prof. Da Costa advised—

℞ Ammonii iodidi..... gr. v
Spirit. ammonii aromat..... gtt. xv
Elixir. simplicis..... ʒ ss
Aquæ.....ad.... ℥ j
M.—Sig. Ter die.

To this was added a pill consisting of—

℞ Digitalis..... gr. ss
Quininæ sulph..... gr. j
Ext. opii..... gr. ¼
Ext. ipecac..... gr. ¼
M.

—In *cervical catarrh*, iodine in the nascent state is used by Prof. Parvin. First apply to the parts concerned the following:—

℞ Potassii iodidi.....grms. x (ʒ ijss)
Potassii iodat.....grm. j (gr. xv)
Aquæ destillat.....grm. j (=50) (f ʒ ijss)

After this has been thoroughly applied, then use upon the same surface, so as to liberate the iodine—

℞ Acidi citrici.....grms x (ʒ ij ss)
Aquæ destil.....grm. j (f ʒ j ss)

—A man suffering with *hypochondriasis*, with intestinal torpidity as a probable cause, was given, by Prof. Bartholow:—

℞ Euonymin..... gr. iij
Ext. colocynth. comp..... gr. ij
Hydrarg. chlor. mitis..... gr. j
M. et pil. No. 1.—Sig. To be taken at night; and a pill each night after, of—

℞ Physostigmat.....
Ext. nucis *vom*.....
Ext. belladonnæ.....āā... gr. ¼

—For a case of *psoriasis*, Prof. Da Costa advised the persistent use of the following:—

℞ Acidi arseniosi..... gr. 1-30
Capsici..... gr. ⅓
M.—Sig. Ter die.

As a morning laxative, Rochelle salt, ʒ ij. The diet must be varied, consisting chiefly of fruits and vegetables. No salt meats. The local treatment: Get rid of the scales by a poultice, then use—

℞ Potassii carb..... ʒ j
Aquæ..... ♁ ij
M.—Sig. Apply frequently.

—Several cases of *membranous enteritis* were shown in Prof. Da Costa's clinic. The treatment consisted in keeping the fecal accumulation in a soluble state by—

℞ Magnes. sulph..... ℥ ij
Ferri sulph..... ℥ ij
Aquæ..... ♁ ij
M.—Sig. Take every morning, ʒ ss.

Also—

℞ Liq. potassii arsenitis..... gtt ij
Tinct. ignat. amaræ..... gtt vj
Tinct. cinchon. comp..... ʒ j
M.—Sig. Ter die.

—In his demonstration on the *detection and determination of arsenic*, recently given at the chemical laboratory of the Jefferson Medical College, Dr. L. Wolff (Class of 1880), utilized aluminium for generating hydrogen in connection with the Marsh's test. As demonstrated by him, the aluminium metal and solution of potassium hydroxide (liquor potassæ) are free from arsenic or antimony, the serious objection to the zinc and sulphuric acid process, while the reaction is a brisk one and easily regulated. At the present low price of aluminium, the cost is not materially increased, especially as the aluminium process yields an amount of hydrogen double that of the old way. The presence of arsenic in an admixture thereto was readily proven, and Dr. Wolff thinks the employment of aluminium in this way has a great future. He thinks that he is, probably the first one to demonstrate its use before a class in toxicology, but states that its use was suggested by Otis Johnson, in the *Chemical News*, for 1878.

Thoughts of Leading Medical Thinkers.

I BELIEVE the use of the galvanic current, in promoting absorption of clot and relieving congestion in brain and spine, is often delayed until permanent central lesion is the result. It should not be deferred longer than all danger of cerebro-spinal fever has passed.—G. W. OVERALL.

IF a physician cannot rise in his chosen profession without resorting to the black arts—the dark devices that characterize the charlatan and the quack—without the cowardly and contemptible effort to raise himself upon the downfall and ruin of his brother, he would pursue a far more reputable course by abandoning the field altogether and entering some other walk of life in which are less honors at stake and fewer responsibilities involved.—H. C. GHENT.

I FEAR much ignorance, indifference and selfishness are covered up under that specious and spacious cloak of professional dignity.—J. M. TAYLOR.

IN the near future there will be a complete overhauling and revision of the therapeutic application of mercury, and in some of its most soluble forms—as the bichloride—it will be early and rapidly introduced into the system to arrest cerebro-spinal meningitis, diphtheria,

and perhaps other forms of epidemic diseases, just as quinine is now introduced to arrest malarial poisoning.—J. D. SMITH.

THE doctors outside, I am informed, are writing about my case and talking about it, and some of them seem to think they know more about it than you gentlemen do, but it is like a time of war when the men at home think they know more about it and how to do it than the generals who are in the field fighting.—U. S. GRANT.

IT is impossible, in the present state of our knowledge, to dogmatically assert that the ring of Bandl and the anatomical internal os are identical, but the weight of probable evidence at present at our command is very decidedly in our favor of such a view.—W. W. JAGGARD. —*Mississippi Valley Medical Monthly.*

Altitude and Consumption.

At an elevation of two thousand feet above the sea, but one-tenth of the deaths are from consumption. At six thousand feet there are no cases acquired there. In Denver, Col., it was found that there were but fourteen deaths from consumption in four-and-a-half years, where the disease had originated in the city. Denver has three hundred and twenty sunny days in the year against two hundred and forty-three in Boston. The moral is irresistible. Consumptives should go to high, dry and sunny localities.—*Exchange.*

"The Bias to Self-Indulgence."

Enough, and more than enough, perhaps, has been uttered concerning the prejudicial effects on the body of habitually using alcoholic beverages. It is rare now to find any one, well acquainted with human physiology, and capable of observing and appreciating the ordinary wants and usages of life around him, who does not believe that, with few exceptions, men and women are healthier and stronger, physically, intellectually, and morally, without such drinks than with them. And confessedly there is little or nothing new to be said respecting a conclusion which has been so thoroughly investigated, discussed, and tested by experience, as this. It is useless, and indeed impolitic, in the well-intentioned effort to arouse public attention to the subject, to make exaggerated statements in relation thereto. But the important truth has still to be preached, repeated, and freshly illustrated, when possible, in every quarter of society, because a very natural bias to self-indulgence is always present to obscure men's views of those things which gratify it. While, in addition to this, an exceedingly clever commercial interest of enormous influence and proportions never ceases to vaunt its power to provide us with "the soundest," "purest," and most to be suspected of all with even "medically certified" forms of spirit, wine and beer; apparently rendering alcoholic products comfortable to the requirements of some physiological law supposed to demand their employment, and thus insinuating the semblance of a proof that they are generally valuable, or at least harmless, as an accompaniment of food at our daily meals.

I have for some years past, however, been compelled, by facts which are constantly coming before me, to accept the conclusion that more mischief in the form of actual disease, of impaired vigor, and of shortened life, accrues to civilized man, so far as I have observed in our country and throughout western and central Europe, from erroneous habits in eating, than from the habitual use of alcoholic drink, considerable as I know the evil of that to be.—From "Diet in Relation to Age and Activity," by SIR HENRY THOMPSON, in *Popular Science Monthly* for July."

Therapeutical Indications in Typhoid Fever.

There is no single or unique treatment of this fever. Prophylaxis can arrest its development and dissemination. Treatment should be symptomatic, and should be directed against the various morbid actions which arise in different cases.

The fever should not be too energetically treated, unless the temperature rises significantly.

Quinine is the safest and best antipyretic agent for internal administration.

The strength should be well supported from the very commencement.

The nervous phenomena should be combatted by hydrotherapeutic measures; cold baths reduce the fever, and have a tonic action on the nervous system.

The digestive organs should receive special attention.—Dr. AUBERT, (Montpelier).

The *Allgemeine Medicinische Central Zeitung* says that Dr. Domingo Freire, of Rio de Janeiro, the discoverer of the bacillus of yellow fever, has met with surprising success in his inoculation experiments. Of nearly 1000 persons inoculated by him, not one single case was severely attacked, and the very few that suffered had the fever in the mildest form possible.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Congenital Phymosis as a Cause of Neuroses.

Editor Medical World:

Case 1. Called January to see a boy aged nine years. Found paraphimosis and reduced the difficulty. After the swelling subsided I was informed that a distant physician had performed some operation on him. Afterward I found that he had broken up the adhesions of an adherent prepuce. The patient had incontinence of urine night and day. This trouble had existed for several years, not yielding to drugs of any kind,

February 7, called to see him again for nervous symptoms. I found an elongated prepuce and circumcised him. He gradually improved of the nervous symptoms and was soon cured of the incontinence.

Case 2. Boy aged two years. Had incontinence. Was very restless of nights. Slept on belly or with limbs drawn up. Would wake up crying. Was clumsy; was continually pulling at prepuce. On examination found prepuce firmly adhered to glands. I at once broke up the adhesions with a probe, and gave a little vaseline with which to anoint the glands daily to prevent readhesion. Ordered this treatment to be kept up two weeks. Result was incontinence was soon cured and he slept soundly like other well children.

Case 3. Boy aged one year. His parents told me he had been troubled since two months old with nervousness and could not sleep well of nights. He would often wake crying and was getting worse. This night he was worse than ever. Had all the appearances of opisthotonos. Several physicians had previously examined him and told his mother there was nothing wrong with him; that she was only too fond of him and over-anxions about him. I was called to see him on the night of the 8th inst., the second night after his arrival here from Nebraska. I mistrusted the source of the trouble, as there were no indications of any disease.

Told his mother I would see him in the morning. Did so and found an adherent prepuce. She brought him to my office and I broke up the adhesions, as in the above cases, assisted by Drs. Hughes and Bowman. He has since slept quietly of nights and has had no more trouble. I use the flat end of a seton probe. There is no cutting or loss of blood and no danger. Cocoaine assists if frequently applied during the operation. There are undoubtedly a great many more cases of this kind overlooked than found, that might just as well be cured as not if physicians were a little more particular in their examinations when such symptoms are present.

D. A. Sargent, M. D.

Hopkins, Mo., July 13, 1885.

Replies and Comments.

Editor Medical World:

Dr. F. A. Johnson, of Portland, Oregon, in the July World, asks for opinions on the author of "A new way in Obstetrics." As one member of the medical profession, I have a well defined opinion. The treatment his townswoman pursues certainly is novel, if nothing more. I do not think she would be a very strong competitor in the obstetric field. I am surprised that she is permitted to live outside the walls of a penitentiary. The Doctor is in error when he calls her a "lady." She may wear fine clothes, but it were as well to call the slugger, or highwayman a "gentleman." She is a female monstrosity and ought to be spewed out of respectable society.

Dr. J. M. Griffin's case of cirrhosis of the liver is unusual, to say the least. I have regarded it as an incurable disease on account of structural changes; but his case got well and so remains to this day—twenty-nine years. That statement fills us with doubt as to the correctness of his diagnosis. The disease may have been stayed for a time, but the chances are that long ere this his patient would have been "gathered to his fathers." Come, Doctor, give us the symptoms. "A rose by any other name would smell as sweet," you know. But, for the nonce, admitting it was cirrhosis, was his recovery due to the three hundred and twenty grains of calomel he took? Or did he not rather get well in spite of the medicine? Nature is a wonderful healer, and often defeats the "best laid plans of mice and men." But on the other hand, if the disease had been of a more acute character, might not the cure be credited more to the blistering and bleeding than to the calomel?

Now Mr. Editor, while I have the floor, I wish to speak of another thing. When I hear physicians say they never lost a case of pneumonia, or had a case of convulsions, hemorrhage, or malpresentation in it labor, tends to depress

—to make one think he is not quite up to the standard, else he would be able to ward off these very distressing occurrences that will occasionally confront him. I have tried during my professional life to bring to my aid the best knowledge of the profession, by reading and otherwise, but my pneumonia patients do die occasionally, in spite of me; and, be as watchful as I could in my obstetric practice, I have had nearly everything that parturient women are liable to. My observation and reading teaches me that the great mass of the profession do not know their business as well as they should, or many of these reports are highly colored, else the reporters have been favored above the common herd, provided they have had the practice that they boast of.

Now, I knew a man, and he had a large practice, who reported, among the laity, that he never lost a case of consumption in his life, "if he got it in time;" but his consumptive cases died just as yours or mine do, Mr. Editor. Unfortunately for them, they were always "a little too late" in coming into his hands.

Bear in mind, I do not accuse any one of falsehood, but all such statements put my credulity to the test.

MADISON, Ind. W. A. McCOY, M. D.

Diagnosis of Gonorrhœa.

Editor MEDICAL WORLD:

My attention was attracted to an article in the July number of the WORLD, under the heading of "How to Diagnose Gonorrhœa in the Female." The writer of the article says: "A mistake in the diagnosis is a matter of very considerable importance. The happiness of a home may hang on the issue," etc., etc.

This calls to my mind a circumstance that came under my observation a year ago. A man came into my office and asked me to make a careful examination of him, and then tell him whether or not he had gonorrhœa. I asked him if he had had an opportunity, recently, of contracting the disease. He answered that he had not, but that he had just received a letter from his wife stating that she had the disease, and that she had consulted a very reliable physician of her place and that he had made an examination and told her she had the "clap." The letter further stated that she had not had intercourse with any man other than her husband, and that she would never again live with him, and wound up by calling him a brute, etc.

Thinking perhaps there might be some truth in the wife's accusation, and that the man had thoroughly cleansed himself before coming to my office (the better to enable him to mislead me), I purposely engaged him in conversation for more than an hour before making an examination. When I did so, however, I did not discover any gonorrhœa, or any recent indication of it. When I informed him there was no gonorrhœa he asked me to write to the physician that had examined his wife and give him the results of my examination of himself. I did so, and after a few days I met the man on the street and he informed me that he had just received a letter from his wife stating that her physician had again examined her and told her that she only had the whites. A reconciliation speedily followed, and since then I have heard nothing from the parties. I should have stated, however, that when the man came to me he had only been absent from his wife four or five days. Sometimes it does occur that a man will contract a urethritis from a perfectly chaste female, and from several causes. Several years ago an old gentleman consulted a physician in Ohio, informing him there was something the matter with his penis. The physician made an examination and informed him that he had gonorrhœa. The old gentleman was perfectly dumbfounded and exclaimed, "Good heavens! I have not had intercourse with any other woman than my wife." An examination and investigation revealed the fact that the wife of the gentleman was suffering from a profuse leucorrhœa, and after a treatment of a few weeks both were cured.

Any physician can readily see the necessity of caution in such cases; it is very easy to make a blunder, but sometimes very hard to undo one.

F. M. JONES, M. D.

STRONG CITY, Kansas.

For Diarrhœa and Dysentery.

Editor MEDICAL WORLD:

During the year 1863, while I was on duty in one of the U. S. Military Hospitals, in Louisville, Ky., under the charge of Surgeon T. J. Swan, of the 12th Kentucky Cavalry, who was at that time an old man, he gave me the following formula for *diarrhœa* and *dysentery*. Dr. Swan said he procured it from Velpau in Paris, 45 years before, while in France studying medicine. He also told me that he had used it in his practice in Kentucky ever since with *very uniform* success, and furthermore, it had never appeared in print up to that time either in this country or Europe.

Dr. Swan spoke *very highly* of it in all forms of dysenteric and diarrhœal affections. I here give it to the profession for what it may be

worth, and as far as I know it never before has been published :

℞ Hydrarg. cum creta..... ʒ j
Gum kino (finely powdered)..... ʒ ss
Pulv. ipecac. et opii..... ʒ ij
Hydrarg. sub-murias..... ʒ j

Mix thoroughly, to impalpable powder. Dose, for a child, up to grs. iij; for adults, up to grs. viij. Repeat after every discharge until they are corrected.

Dr Charles Bergk, of Shields, Ind., asks, "What is the best antagonist of alcohol?" This is a very indefinite question. If he means something to antagonize the *appetite* for alcohol, why did he not say so? The answer to the question *as asked* is very simple, and the time is not a long way off when the formula will be given to and taken by the American people. This formula is a *specific*, and the *only* one, for the antagomism of alcohol.

Take of—

Prohibition votes for the prohibition party in the U. S..... 6,000,000

Sig.—To be taken by the American people at one dose, one of these days.

ELMORE PALMER, M. D.

BOULDER, Col., July 13th 1885.

Reply to Dr. Mobley.

Editor MEDICAL WORLD:

I would take this opportunity of giving a few hints regarding the body which was found in a Georgia pond lately. In this case there was doubt as to whether the body was that of a white man or black; there was a tuft of wool on the back of the head, but the skin was white, having the appearance of a "black hog well cleaned." Now I have seen many bodies of drowned people and in very many cases the epidermis comes off, leaving a new, white surface before you. The effect is the same be the body that of a white or negro. The rete mucosum is the lower layer of the cuticle, and I believe holds the pigment which gives us all our shade or color. This, being a part of the epidermis, comes off with it and leaves open to our view the true skin, or cutis, which in all the cases I have seen present a bluish- or grayish-white appearance. I have seen in a large number of negro cadavers in the dissecting room the same effect. The bodies had been in the "pickle" and afterwards in fresh water in preparation for the tables. I have seen the skin of these peel off, and have stripped it off in great patches, leaving the exposed surface exactly in appearance like that of a white corpse. I believe the fact of this body in question having wool upon the head is almost evidence enough that it was that of a negro.

RIMERSBURG, Pa. JOHN HEPBURN.

Please give the Prognosis.

Editor MEDICAL WORLD:

Please allow space for a brief report of an interesting case of enlarged spleen, following malarial dysentery. About a year ago Mr. C., aged about 40 years, was taken ill with dysentery, complicated by malaria. Convalescence was slow and protracted. Later on (a few months) he was again similarly affected. It was about this time the splenic dulness began to increase, and it has continued until the dullness now extends over the whole of the left side of the abdominal cavity and across the median line to the right side of the abdomen. Patient is weak, pale and greatly emaciated; has had chills followed by fever every other day for the past two months. Bowels are constipated, requiring large and repeated doses of cathartics in order to produce a movement; there is pain between the shoulders; also pain and tenderness over the splenic enlargement.

The treatment has been large and repeated doses of quinine, followed by arsenic and the vegetable tonics. Have also used iodide of potash, and, locally, red oxide of mercury ointment, with but very slight improvement. Patient is so weak that he can hardly be up one hour in the twenty-four. What is the prognosis? Is it at all probable that I am dealing with a case of leucocythemia instead of simple enlargement following malaria? Would be pleased to have your army of critics at this, only don't forget the prognosis, as that is the most important just now.

J. A. H.

SAND CUT, Pa.

What will Cure Neuralgia of the Stomach?

Editor MEDICAL WORLD:

In July number of WORLD I find the above query, asked by Dr. Divelbliss, of Kansas.

In reply to the Doctor I will say that I use Hoffman's anodyne in teaspoonful doses, repeated every thirty to sixty minutes, either alone or with the addition of one-fourth grain of sulph. morphia in the first dose.

Some patients object to taking morphine and will say, "Doctor, please don't give me any morphine." In such cases I use the anodyne alone, and in no case do I give any morphine after the first dose. I have used this in many cases and have never been disappointed in results.

C. G. BARTLETT, M. D.

DUNREITH, Ind.

Carbolic Acid Injections for Piles.

Editor MEDICAL WORLD:

As Dr. J. L. B. Gilmore, of Holly Hill, S. C., asks for experience of physicians in using hypodermic injections of carbolic acid for piles, I can say for one that I have used it for four years without a single failure or after trouble. My formula is as follows:

Take of—

Carbolic acid.....		
Olive oil.....	of each...	oz. i
Morphia sulphate.....		gr. 4

Mix.—Inject from two to five drops with a good syringe, first annointing the pile tumor with vaseline or other unguent.

D. A. SARGENT, M.D.

HOPKINS, Mo.

Hemicrania at the Base of Pike's Peak.

Editor MEDICAL WORLD:

Mr. H. called at my office eight days ago, complaining of excruciating pains over the left eye. I diagnosed hemicrania. Gave cathartic of calomel and rhubarb. After thorough evacuation of the bowels, ordered:

℞	Sulph. quiniæ.....	gr. xx
	Sulph. morphiæ.....	gr. ij

M. et. ft. chart num. iv.—Sig. One every two hours.

Next day pain was as severe as before, and no change, except appearance of pain one hour later in the day. Third day, pain, if possible, doubly as great as at any time before. Ordered:

℞	Sulph. quiniæ.....	gr. xxx
	Sulph. morphiæ.....	gr. ij
	Chloral hydratis.....	gr. x

M. et. ft. capsulæ num. vj.—Sig. Every two hours.

On the following day patient slept all day, without pain, but on the following day pain was as severe as ever. Ordered same treatment for the two following days, without the least appreciable change in pain. It came on about same time each day. I then began to think I was going to be foiled in successfully combating the trouble. On the night of the sixth day I ordered fifteen grains of calomel and four grains of pulverized rhubarb which acted freely as an emeto-cathartic. Pain over eye still present at usual hour.

I then ordered:

℞	Sulph. quiniæ.....	ʒ j
	Chloral hydratis.....	gr. xv

M. et. ft. chart num. ij.—Sig. One every three hours till both are taken.

On the following day the patient expressed himself as feeling like a new man—neuralgia all gone. Was it of malarial origin, calling for anti-periodics? Or was it from hepatic engorgement and irritation of pneumogastric nerve that produced such severe pain? I find in this high altitude quite a number of cases that we, in lower altitudes, attribute to malaria; and here they require more herculean doses to combat this trouble than ever needed lower down.

J. R. WILCOX.

COLORADO SPRINGS, Col.

Comments.

BY JNO. H. MCINTYRE, A.M., M.D., ST. LOUIS, MO.

Editor MEDICAL WORLD:

In looking over your issue of the present month (July) I notice the "query" of Dr. Divelbiss, of La Cygne, Kansas:

"What will relieve neuralgia of the stomach?"

The doctor remarks that the neuralgia of the stomach with which he suffered, came on in a short time after an accident, he having been pitched out of his buggy one dark night and sustained fracture of "both arms." He unfortunately omitted to tell us the precise nature of the fractures. I fancy, however, that it was a case of double Colles' fracture of the radius.

A short time since I reported a case of double Colles' fracture of the radius in the St. Louis *Medical and Surgical Journal*, on account of the extreme rarity of such an accident.

Hamilton's work on "Fractures and Dislocations" reports one hundred and twenty-seven cases of fracture of the radius, of which one hundred and five were Colles' fracture. He gives the number occurring in males and females, those occurring in the right arm and those in the left arm, but he makes no mention of a double fracture occurring in the same individual, and occasioned by the same accident.

I am led to believe that Dr. Divelbiss' neuralgia of the stomach was of traumatic origin, consequently his "tongaline," etc., etc., was followed by no good effects. Possibly he might have received more ease and comfort, from the internal administration of chloroform, supplemented by hypodermic injections of the bimeconate of morphia, and a diet of beef peptonoids.

614 OLIVE STREET.

Nasal Catarrh.

Editor MEDICAL WORLD:

Here in Kansas, and through the western States, we have a large number of cases of nasal catarrh. Whether it is caused by sudden change of the weather, or some kind of vege-

table parasite or irritant, I am unable to determine. However, I am inclined to believe the latter. But let the cause be what it may, the disease in question is quite prevalent among us, and it is our duty to cure it.

Nasal catarrh is both acute and chronic, and may be mild or severe in character. In the acute form it is frequently ushered in with slight chilly sensations, slight headache above one or both eyes, frequent sneezing, the mucous membrane of the nerves becomes red and swollen, and there is a glairy white mucus discharge from the nostrils. The appetite is indifferent, bowels costive, and the patient is unable to perform manual labor. These are the most prominent symptoms in the acute form, and will last two or three weeks, and then, unless arrested, will run into the chronic form, which may continue for years. But the chronic form is hardly ever stationary; in course of time it will invade the eustachian tubes, lungs, and finally in some cases terminate in catarrhal phthisis pulmonalis.

TREATMENT.—I have treated hundreds of cases of nasal catarrh in all its various forms and stages, and have tried all kinds of remedies and instruments, and after close observation, have settled upon the following course of treatment:

℞ Arsenici iodidi..... gr. viij
Aquæ dest..... O j

M.—Sig. Take a teaspoonful three times a day. Continue the remedy for months, in either the acute or chronic form.

Also—

℞ Potass. permanganas..... gr. iv
Aquæ dest..... ℥ iv

M.—Sig. Pour a small quantity in the palm of the hand and snuff up each nostril sufficiently hard so that the solution will run through the nostrils and reach the pharynx. Repeat night and morning.

This treatment cures a large majority of cases speedily and permanently. I have abandoned all forms of instrument treatments and all but the above, and can heartily recommend it to the profession.

JOHN A. HENNING, M. D.
GARNETT, Kansas.

Was He Drowned.

Editor MEDICAL WORLD:

Ruben Philips, an old man, was seen in company with a man about nine o'clock P. M., April 2d, 1885. He was said to be drinking, but not very drunk. He was found April 3d, the next day, in French Broad River, dead. When taken from the water, no water was seen to escape from his mouth or nose. On Saturday evening, the 4th, he was seen by a physician who states that his skin looked natural—no goose flesh appearance. His left eye was somewhat congested, and darkish-blue around it, which was said to have been caused by a fall the day he was missing. A chew of tobacco was found in his mouth. There being some suspicions of foul play, as the old man always got very rich when intoxicated, and boasted of the amount of money he had, the Coroner was ordered to make an autopsy, which was done April 7th. He was buried the 5th. When taken up, his face was dark, but he was swelled but little. The autopsy was made by three regular physicians. No external marks were on him sufficient to have caused his death. His stomach was very small and not a drop of water in it; his lungs were free from water. No froth was seen issuing from the mouth at any time after his removal from the water. Both the right and left cavities of the heart and the coronary veins were filled with dark fluid blood. The heart was remarkably sound. There were old peritoneal adhesions. Liver sound. Two of the physicians believed he died from asphyxia from drowning, while one thought it impossible for him to have died under water, as there was no water in his stomach, bowels or lungs, and that the *chew of tobacco* would either have been swallowed or washed out of his mouth; that if he died of asphyxia it was caused by smothering before he went under the water. It is a case of interest to the profession, for if he died under water it will show that there need not be water found in the body, besides small things may be retained in the mouth while drowning, while we have generally found grass blades, sand or some foreign substance in the mouth or stomach.

Was he drowned?

J. A. REAGAN, M. D.
WEAVERVILLE, N. C.

Treatment of Scarlet Fever.

Editor MEDICAL WORLD:

Dr. N. Ledeberder writes to the *Journal de Medicine Pratique*, of Lorient, as follows:

"In your number of August 22d, you give a very gracious appreciation of my work on scarlatina. You say that you have used quinine from the beginning of the malady, and that you have noticed a diminution in the intensity of the fever. Permit me to insist on the facts that I think I have demonstrated by a long series of observations during a practice of forty years. I have always observed that the scarlatinous ferment produces itself by well characterized accesses, or fits, each fit coinciding with a growth or spreading of the eruption.

If quinine be given from the beginning, the intervals between the fits are almost apyretic, and though their intensity augments, the last one being the most violent, they are never mortal. The quinine has stripped them of their pernicious actions, even in the severe malignant cases. The fits number three or four, oftener three; the first appears at about one o'clock P. M., the second between three and four, and the last at about nine at night. This precision was noticed especially in two of my observations; the last access, or fit, preceded by an almost apyretic state, is the most violent; it ends towards morning and completes the eruption, which has then attained its maximum of redness, and which will gradually pass to orange yellow.

"The progression of scarlatina is made regular by the use of quinine, the pernicious accidents are modified, and a total amelioration produced.

"If quinine is indispensable in the acute period of malignant scarlatina, it is even more so in the secondary accidents. These, to day, are considered by all authors as the consequence of the impression of cold on the skin, which has become more sensible after desquamation. But they forget that the fact itself of the general eruption having already exercised an action on the kidneys, which are then predisposed to nephritis, and which will become more manifest not by the action of cold, but by the persistence of the ferment, or microbes in the blood. This is so true that the œdema of the face is observed, notwithstanding the most careful precautions, and before desquamation. Finally, if quinine is continued, the phenomena of nephritis do not appear. If in light cases quinine has not been administered at first, it is indispensable in the consecutive periods. To conclude, let me beg of our confreres to note what I have advanced. Experience and observation only will demonstrate whether I am correct or not."

I have translated and now send you the above, after reading an article in the April number of THE WORLD, on the treatment of scarlet fever. The Doctor recommends expectant treatment, which means doing nothing. I think we ought to help nature a little by using antipyretics, (and each one has his own preference; mine are the alkaloids).

The danger in scarlet fever comes from the high temperature, quick pulse, partial paralysis of the muscles of the lungs and of the small blood vessels, the throat lesions and the kidney disorders. By using appropriate remedies for these, and not starving the patient, one may hope to benefit the sufferer and bring him through.

NEW ORLEANS. D. TUREAND, M. D.

Diarrhœa in Children.

BY J. A. DE ARMOND, M.D.

Editor MEDICAL WORLD:

With the advent of warm weather comes a host of cases under a variety of names, which serve to swell the death rate wonderfully. Especially is this true in cities, but it is not by any means confined to cities. About this time of the year, correspondents rush into print with remedies which in their hands have proved efficacious, and expressing the belief that a similar result will crown the trial by others. It always has looked to me as though very many practitioners treat diarrhœa in children after the same plan as they do intermittent fever. If a child has diarrhœa it needs a mixture which is decidedly "shot-gunish" in its nature. It contains an antacid, an astringent and an opiate. If that does not effect a cure the case passes by easy transfer to the domain of the undertaker.

It is an open question how much of the diarrhœa trouble is caused wholly by hot weather. It is very probable that at least nine-tenths of the cases are caused by errors in diet. Indigestible food, food poorly prepared, and unripe fruit, can justly be charged with a large percentage of the diseases which are catalogued as summer complaints of children. Many and various as are the causes of this state of affairs, it looks as if there would need to be a treatment suited to each case. In fact it is not at the outset a disease at all. It is merely a condition of the digestive tract. When after a season of delay, when sufficient time has elapsed, there may be an inflammatory condition produced which is a resultant, but not an original diseased condition. So then, diarrhœa being a condition of the digestive tract, and not a disease except when so produced by neglect or by meddlesome treatment, it would appear plain that the line of treatment which would meet every case must indeed be manifold. No disease at all, is the starting point—only a disordered condition, a state whereby the food is not digested or not properly assimilated. When not properly carried on, either of, or both of, these functions may give rise to just the symptoms which are also present when a different state of affairs is present, to wit, an inflammatory condition.

What then would be the rational treatment of a case where from the symptoms it is plain that the diarrhœa is dependent, or consequent upon the introduction of indigestible food? Clearly it would be to remove the offending substance and then secure rest for a short period for the digestive tract. But it very frequently

occurs that the physician is not called until after the diarrhœa has been present for several days. In this case it is to be supposed that all of the offending material has been removed, unless, as also frequently happens, more "truck" is constantly supplied. Here it is of prime necessity to ascertain the nature of the vomit and passages. If they be strongly acid, then clearly an alkali is indicated. It is a matter of surprise, but none the less a fact, that alkalies are too frequently given with little regard to the indications. Therefore, to give an alkali where none is indicated is to waste time on experiment which ought to be husbanded. Some of the older physicicans still see salvation to a suffering world in large doses of calomel, and there is no doubt but that the many victims die of treatment rather than the original disease. To what they call broken doses of calomel they often add lime-water to relieve vomiting. The union of these two in the stomach, and the subsequent formation, must in many cases prove a violent irritant to an already irritated, and may be inflamed mucuous tract.

One of the most aggravating symptoms to be met with in cases of diarrhœa in children is the intense thirst of the little sufferers, and the almost equal constancy of the tendency to vomit all water or other drinks taken in any quantity. For the relief of this distressing symptom, which is especially troublesome to attendants during the after part of the day and and at night, I have obtained satisfactory results from the use of gum-water, made by dissolving gum-arabic in hot water, and then reducing the temperature to a point making it palatable to the sufferer. Acid drinks are to be prescribed with care, since to an already acid condition of the vomit and passage, these drinks would but add fuel to the flames.

Every case is a study in itself. To treat cases of summer complaint in children by, or with a set preparation, is to act mechanically and automatically. If the symptoms are carefully watched, and the food and drink are most carefully overseen, the disorders may be robbed of half their terrors. Milk is the food of children, and if it is given in proper quantities and at proper intervals, and so modified by the addition of lime-water as to correct any undue acidity of the stomach, it will prevent undue wasting of the system.

Each particular case being a study in and of itself, the remedial measures must be suited to the symptoms.

LE CLAIRE, Iowa, July, 1885.

THE MEDICAL WORLD costs only a dollar a year—8⅓ cents per month!

Inguinal Hernia Reduced by Aid of Aspiration.

Editor MEDICAL WORLD:

I report the following case, not claiming that the treatment was original, but to show how nicely it operated in the hands of your reporter and a brother practitioner. W. S., aged seventy-six, a retired farmer, received an injury thirty years ago, causing an inguinal hernia of the right side, from which he has suffered more or less ever since, necessitating him to wear a truss up to within six months of the time of the treatment herein mentioned. The truss he had was a cheap instrument of torture, which fortunately broke, but instead of at once procuring a more desirable one he neglected it, and became the victim of the the evil consequences. About the 21st of January last he noticed the sack protruding and attempted to reduce it, as he had done frequently before successfully, but this time failed. The next day, (the 22d) he was seized with pain in the abdomen, with tenesmus, for which he consulted his family physician, Dr. W. A. Hinchman, about four o'clock, P. M. The doctor, on examination, found the hernial sack protruding to the size of about three inches in circumference. After several unsuccessful efforts at reduction, he gave him an opiate and requested him to go home and remain in bed until he would visit him, which was a few hours afterwards. It being but a short distance from his office he visited him several times that night and the following day and night, using fomentations, cold applications, sinapisms and enemas, with occasional attempts at taxis, but all proving ineffectual. Owing to his age and the weak condition of his heart, he did not think himself justifiable in using chloroform. During all this time up to the night of the 23d, the patient did not seem to suffer a great deal from the incarcerated bowel, but on that night began to complain of sickness at the stomach with occasional vomiting. I was called in consultation on the morning of the 24th. Examination showed temperature 102°, pulse 120, abdomen tender and tympanitic, with stercoraceous vomiting. A large dose of opium was administered, which was immediately rejected. Taxis, with elevation of the pelvis and flexion of the knees was again tried, but with no better success than before.

After a few minutes consultation we concluded to try aspiration, and if that failed, to etherize our patient and operate. Two ounces of whisky were given, and the hernial tumor, which at this time was six and a half inches in circumference, was aspirated and a quantity of serous liquid was drawn off, greatly reducing the swelling and rendering the reduction of

the protruding viscus an easy task. A compress, held in place by a bandage, was applied, the bowels unloaded by a simple enema, an opiate administered, and rest in the recumbent position enjoined until a suitable truss could be procured. He was kept under the influence of opium for twenty-four hours after the reduction, when temperature and pulse become about normal and further treatment was deemed unnecessary.

That our success was due to aspiration is concurd in by Dr. Hinchman and myself. It can not be attributed to the opium and whisky, as the opium was not retained and he had been taking some whisky before.

D. L. McDONALD.

CONCORD, Pa.

Ergot for Nervous Headache.

Editor MEDICAL WORLD:

In answer to Dr. Palmer's request concerning ergot for nervous headache, I would say that I have never used it alone for that particular affection; but in those cases of anæmic and debilitated females, tired out and worn out from overwork, complaining of pain in back, extending to the head, I have used the following with good success:

℞ Elix. ammon. valerianatis..... ℥ iij
Fl. ext. ergotæ..... ℥ j
Syr. simplicis.....ad... ℥ vj
M.—Sig. Two teaspoonfuls every four hours.

E. A. BASS, M. D.

BARNETT, Wis.

What Constitutes Quackery?

This question seems to bother the lawmakers, worry the different boards of health or those who have the law regulating the practice of medicine to enforce, and finally it ofttimes is found troubling the courts. I suppose it may be as well *now*, and perhaps better, to admit at once that there are two sides to this, as well as to all other questions.

If we all understood or construed alike the definitions of the words "quack" and "quackery," then there would be no further comment.

Webster says: Quack—one who pretends to skill in medicine, which he does *not* possess. Now, to me this definition is pure, plain English; and Webster is an acknowledged authority wherever the English language is spoken.

Now let us suppose a case. A man comes into a town, rents an office, hangs out his sign as a physician or surgeon. If the State has a law regulating the practice of medicine, he fully complies with all its requirements. He is a graduate of one of the best medical schools in the United States, and so acknowledged. He, we will say, is a man who looks old enough to have seen many years in the profession. He conducts himself properly in all things so far as any one knows—in fact, to all appearances, he is a gentleman. He puts his office in good shape, everything ready for business; then he sits down to wait for patients. He gets tired of waiting. He then goes to the newspaper office, puts a flaming advertisement in the paper; he scatters the town and country with his circulars announcing himself and his business (some specialty if you please) to the community. He says nothing in any circular or advertisement but what is literally and strictly true. Suddenly patients begin to call in; in a short time he is over-run with business; every doctor within forty miles is jealous. He, as a practitioner, has about the same amount of success as ordinary doctors generally do, no better; helps for a time at least the majority of his callers, cures a few and makes money. Now, *question:* is or is not this man a quack?

Gentlemen, I desire to see a full and free expression of opinion on the question; it can be answered, by those so disposed, in a few words; I have tried to state the question so it can be answered *yes* or *no*. Believing that the question must be *definitely* settled, *clearly* understood and *accurately* defined by the profession, before we can secure any wholesome and satisfactory legislation on the subject or a uniform construction by our courts, is my excuse for propounding the query. This is a matter vital to us all as a learned profession, and in the columns of THE WORLD, where a whole household of doctors are allowed to talk at once, is just the place to talk about it.

ELMORE PALMER, M.D

BOULDER, Colo.

Typical Case for Treatment.

Editor MEDICAL WORLD:

Given a case like the following, (and such cases are common now-a-days) what is the best plan of treatment from the first? Patient suffering with severe colicky pains in stomach and bowels, bowels have not moved for twenty-four hours, no vomiting present, but an occasional feeling of nausea. Patient admits having eaten some unripe apples the day before. Shall we give anodynes (opium, etc.,) from the first to relieve the excruciating pain? Or shall we give a heroic dose of physic (calomel or blue

mass, for instance) and await the result? Would be pleased to hear some of the brethren give their experience in treating these cases, which might be called "threatened cholera-morbus."

N. Y. ENQUIRER.

Remarks and Replies.

Editor MEDICAL WORLD:

As an illustration of the power of THE WORLD to disseminate ideas and rapidly reap a bountiful harvest, I would say that within a few days after receiving the June number containing a brief article, "Idiosyncrasy in regard to Ipecacuanha," over my signature, I received by mail two communications referring me two three cases similar to my own. Besides the July number contains three brief articles on the same subject. Three of the commnnications give a personal experience with the drug, while they also give names and address of the other persons who were similarly affected by it. I sincerely thank the gentlemen for their information, and congratulate THE WORLD on its success.

The castigation the "Prof." received in your last issue, from the pens of Drs. Griffin and Leonhardt, was somewhat severe; but we could hardly help saying, "Them's my sentiments too!" There is evidently a screw loose somewhere. Either the "Prof." is all right, or the balance of the profession are all wrong. Which is it?

The article of Dr. Johnson, of Portland, Oregon, in the July WORLD, on "A New Way in Obstetrics," is really quite unique. The lady physician of whom he spoke is evidently quite as elated over her new operation as was our late beloved Simms over his method of *restoration* of the perineum, which has proved itself such a blessing to thousands of suffering women. This lady physician is evidently an enthusiactic crank on the subject, and it is difficult to say which is the most to blame, herself or those who knowingly submit to her treatment. At any rate, Doctor, you have a missionary work to do among the present and future mothers of your city; teach them the importance of preserving their perinei intact.

In the spirit of the following quotation: "With malice toward none, and charity for all," I accept Dr. Bowlein's statement in the June WORLD in regard to his practicing twenty-eight years and never loosing a case of pneumonia, though he has had his "full share" of such cases. Surely congratulations are in order. May he live twice twenty-eight years longer and meet with the same success. His experience is anomalous if not (allow me to coin a word) phenomenous. Doctor, give us your plan of treatment and the highest average temperature in your cases. I have a contemporary in practice, who at certain times of the year does a rushing(?) practice in diphtheria, putrid soar throat, etc., etc., while I am perhaps equally as busy treating cases of tonsilitis with and without the follicular exudation that gives his cases the diphtheritic nature. He gets the credit of treating and curing a large number of genuine (?) cases of diphtheria, while I (being modest) have treated as many cases of "sore throat" and had them all recover, as a matter of course.

Recently a number of medical journals have quoted from an exchange, a case of "fracture of the penis," occuring in the practice of Dr. H. A. Veazie, of New Orleans. The fracture resulted from the organ "striking forcibly against the arch of the pubes." Dr. J. H.'s case, in the July number of THE WORLD, may have had a similar origin!

Dr. Brewer's article on tape-worm certainly narrates a very effectual way to storm the enemy and make him beat a hasty, if not orderly, retreat. But as both of the formulæ used in his case contain ingredients of a known good reputation in these cases, it is hard to decide which was the effective one. The croton oil and chloroform treatment was (I think) first instituted by Dr. Bernard Persh, of the U. S. Army. He suspends one drop of the oil and one drachm of chloroform in one ounce of glycerine, which emulsion constitutes one dose, and operates in about one hour after taking, bringing away the worm, head and all. No fasting is necessary with this medicine, though the bowels should be emptied the night previous with an effectual laxative. The method in which the medicine acts must be apparent to all.

The male-fern has proved inefficient in my hands in the treatment of tænia solium, though given in double the usual dose. Capsules of male-fern and kamala also proved inefficient. Pumpkin seeds pounded up fine, retaining the outside shell and made into an emulsion with water, after the method of Dr. Squibb, was effectual. This latter remedy has the advantage of being rather mild in its action, while at the same time it seems to be equally, if not more, obnoxious to the worm than the male-fern.

Another point in the Doctor's article, quite apt to give an erroneous impression, is his claim of obtaining "the longest worm of the season." Now it is known that as many as forty tænia may inhabit the primæ viæ of man at the same time, and perhaps there might have been more than one in Dr. Brewer's case, which would account for the extreme length (seventy-six and a half feet). The mere fact of his find-

ing but one head in the passages would not be conclusive evidence that all the segments passed belonged to one worm. Even when a cure is effected, the head is looked for in vain in the majority of cases, as was the case with the patient I treated successfully.

The tænia medio-cannellata and tænia solium, the former being devoid of hooklets and the latter being armed with hooks, are now said to occur with about equal frequency. This fact may account for the difference in experience with well-known tæniafuges in the hands of different physicians. It is an easy matter to obtain from fifteen to thirty feet of the segments with most any of the remedies for tænia, but to obtain the head, or separate the worm near enough to the head to cause its death, is often very difficult, particularly so if the case be of the variety solei, often completely exhausting the strength and confidence of your patient, as well as your own preconceived opinion of the efficacy of certain tæniafuges.

COHOCTON, N. Y. T. B. FOWLER.

Tonics in Syphilis.

Editor MEDICAL WORLD:

In reply to the question why I use nux vomica and ferri et ammoniæ citras in prescriptions for syphilis, I will say that few diseases induce anæmia more perfectly than syphilis, and one of the greatest obstacles to its cure is the impaired activity and regenerative power of the circulating fluid. To set on foot the healing process of the ulcerated flesh and carious bones, it is very advantageous to use a suitable preparation of iron.

We know that mercury acts injuriously, more especially when anything like a cachexia is present. That great advantage results from maintaining the tone of the system in syphilis, is undoubted; we always find that the intensity of the ravages of the syphilitic poison is in direct proportion to the debility and want of resisting power in the constitution of the patient. I have found in all cases that patients are troubled with atonic dyspepsia, due to impaired condition of the blood, rendered worse by the anæmic condition of syphilitic patient.

I have found nothing that has given better satisfaction in my hands to correct the cachexia and mal-nutrition that exists, than the combination of iron and nux vomica mentioned in the prescription in June WORLD." There may be other preparations of iron just as good, but the above is my preference.

S. H. C. BIXLER, M.D,

BLOSERVILLE, Pa., July 22, 1885.

Comments.

Editor MEDICAL WORLD:

That was a happy conceit of your New Richmond, Wis., correspondent (see June number) to veil his identity under the *nom de plume* "Experience;" but it won't do. He is certainly one of the "Münchausens," perhaps the lost "Baron" himself. What an obstetrical record in eight years, among a population not mentioned in the census!

If comments are in order, I think a Boynton's swimming suit, or life preserver, to be worn by the daring accoucheur, was clearly indicated in cases 3 and 7. Case 13 would suggest an oro-nasal respirator, or a large bandana handkerchief. No. 19 must have been a case of citrate of magnesia diathesis. It is impossible to account for the havoc, noted in case 28, except upon the hypothesis that it was a spina bifida presentation! What other presenting part could have so everlastingly "dynamited" the perineum and vulva? Briefly, though, one would think New Richmond, Wis., would be a good place to move away from.

Your comments on that case of cirrhosis (?) are endorsed here. With us, when the liver gets into that atrophic, "hob-nailed," connective-tissue-contracted condition we begin to think it beyond the reach of the physician, even if he does have "a quarter of an ounce of calomel" about him.

Humphrey's homœopathic specific, Ignatia 3 beats "all hollow" your formula for "Discarded Lovers," This is what the label says. "For evil effects of affliction; *vexations* or *unhappy love;* cramps and convulsions; hysterics; debility and fainting fits; twitching of face; hiccough after eating; *itching of anus.*" A rough sea voyage is usually an antidote to love in any of its stages.

SAN DIEGO, Cal. MORE ANON.

Morphine in the First Stage of Labor.

Editor MEDICAL WORLD:

Inclosed I send you an editorial from the March number of the Kansas City *Medical Record* on the above subject. The writer seems to infer that the morphine relieves the pain without arresting the action of the womb. I know that it will relieve pain, but if given in sufficient doses to do that it will also, in my opinion, greatly retard labor. Will you answer the article? I am more than pleased with THE WORLD.

TROY, Mo. D. W. TICE, M.D.

The following is the editorial referred to:

"The first stage of labor is always more

disagreeable and annoying than the second and third; not alone to the patient, but to the physician and attendants also. Hence, in view of this fact, is it good practice to sit idly by the patient during the first stage of labor, and occasionally make a vaginal examination to ascertain if labor is progressing, 'letting nature take its course?' The first stage may last from a few hours to several days, and, if left exclusively to nature, our patient will often become exhausted before the second stage begins—the stage that requires all the strength that can be husbanded for its completion.

"Nature's plans of conducting natural labor are all very well in theory, but when we are called to a case of confinement, and on our arrival find the lady in the premonitory stage of labor—suffering with painful uterine contractions, which have no effect upon the cervix—we should at once give her a hypodermic injection of morphine; repeated if necessary.

"There is no reason for letting a woman suffer while the os is yet closed or nearly closed. We may even make this assertion more forcible and pointed by saying that there is no excuse for such practice. If an anodyne would retard natural labor, or in any way interfere with the physiological process, there would then be a debatable reason for non-interference; but as labor is not in the least delayed or changed in its progress, an anodyne should be given when the patient—during the first stage—is restless, emotional, irritable, and suffering from acute pains.

"We generally give morphine hypodermically for the relief of these distressing symptoms, although hydrate of chlroral may be used with advantage, especially with patients of highly developed nervous susceptibilities. As a rule, however, we think it does not act as well as morphine, and is not so agreeably borne by the patient.

"We have frequently been called to deliver women, and finding them suffering and screaming with excrutiating pains—the os little, if at all, dilated—we administered a full dose of morphine hypodermically, and left the patient in the care of the nurse with instruction to keep her quiet and let her sleep if she is disposed to. We were then at liberty to attend with impunity any duties we might have to perform. On our return a few hours later we will generally have found our patient enjoying a quiet rest, with little pain; probably she has had a nice, refreshing sleep in the interval, during which time labor has been progressing quite as rapidly as if 'nature' had been allowed to punish her with all the agonizing pains peculiar to women of nervous temperament in this stage of labor.

"Those who have had experience with this treatment will appreciate this remark when we say, the result of relieving a woman from severe pains during the first stage of labor is truly marvelous.

"The remedy employed in these cases, whether it be morphine or chloral, should be given in sufficient quantity to have a pronounced effect."

[Our readers will find this an interesting and profitable subject for discussion. We will only say that when we give a full dose of morphia in early or threatened labor, we leave the patient and return to our other duties, leaving instructions with the family to send for us again when necessary. Under these circumstances it is frequently several days or a week before labor is resumed.—ED.]

Malignant Scarlatina, Treated by Whisky and Refrigeration!

Editor MEDICAL WORLD:

Mild cases of scarlatina require little medicine, the disease being self-limited, expectancy is all that is necessary. However, in such cases, as soon as the eruption appears, it is best to annoint the child with carbolated vaseline, or vaseline pure, according to the judgment of the practitioner. Diet should be liquid food, barley gruel, milk or animal broths; lemonade may be taken *ad libitum*. In young subjects (under three years) milk diet is the best, given exclusively, and given warm; in such cases lemonade may be omitted or given seldom. The temperature of the room should be 65° to 68°, but in the convalescing stage a higher temperature is required; it should range from 70° to 71°. Keep the child upon liquid food until the convalescence is fully completed. If the child has a weakly constitution, and the convalescence is delayed, panada (one-quarter wine) should be freely given.

If secondary fever follows or the convalescence is retarded, then aconite, gelsemium or quinine may be necessary. In young children, where quinine cannot be taken, the writer of this applies, twice daily, Squibb's oleate of quinia. Dr. Shoemaker, in his recent essay upon the oleates, specifies a list which when applied endermically, will act in a similar way as when given internally. In this list he excepts the oleate of quinia, or thinks its effect is uncertain. In my own experience I have found the oleate of quinia to display its antiperiodic action in a number of cases, in children where quinine was indicated. In malignant scarlatina, where from the onset of the disease the temperature is high, (105°)

child delirious and stricken with coma, in addition to such antiphlogistics and sedatives as aconite, belladonna or gelsemium in small doses, we shall require *stimulants* and *refrigeration.*

When the delirium is persistent, *e. g.*, in scarlatina fulminans, whisky may be given every three hours—even every two hours—in tablespoonful doses, in a little water. Our experience with this has been confined to children from four to fifteen years of age, but it may be required in younger children, in hopeless cases of children under three years. When the temperature is up to 105° or more, there is delirium either with or without coma; then give the whisky, and also sponge the whole body with iced water and vinegar, equal parts; and this should be kept up continuously for hours and even days, until the temperature is materially reduced. There is no danger in this, and the writer often resorts to the use of a wet sheet wrung out of water at 69°, and wraps this around the child, arranging it so that the arms and legs will be wrapped separately, and not touch the body. The child having been quickly packed in the sheet, he is to be kept in the same from ten to forty-five minutes, and, in nine cases out of ten, the effect is at once to quiet the child and reduce the temperature. Should the thermometer indicate no reduction of the temperature, the child may be forthwith packed in another wet sheet, and when it is taken ont, if necessary a third may he used. Usually, after the child comes out of a wet sheet, the temperature will be lowered from one-half to two and a half degrees. In a large experience running back for more than twenty years, the writer has never seen any ill effects from this refrigerating treatment; but the parents and assistants in the sick-room will all oppose it, and to appease them it is my custom to tell them that I will add a little alcohol to the water that I use to wet the sheet in. As soon as the child is packed in the sheet it usually becomes quiet, and the opposition and fear of those present will soon give way to approval and confidence in the means used. There are certainly instances where it would not be applicable, *e. g.*, in delicate and scrofulous children, or those with some known hereditary taint; in such instances we may with perfect safety keep up a persistent sponging over the whole body with iced water and vinegar. It is asserted by a Russian physician in St. Petersburg, a certain Dr. Stephan, that pounded ice in bags applied over the supraclavicular regions, is the best method to control the temperature in typhoid fever especially, and also applicable in scarlet fever. This is a very practical recommendation, as the cold is brought into close contact with much of the blood of the body; the cooling and refrigerating effect is exerted upon the large superficial veins of the neck.*

I hope that any of the readers of THE MEDICAL WORLD, that may oppose this treatment will ask themselves the question, is is not safer to reduce temperature in low fever by external cold than by administering internally antipyretic drugs, whose action is, to say the least, frequently uncertain, depressing, and often dangerous? Where the temperature is at 103°, sponging with tepid water and vinegar will greatly allay the fever and general irritation. After the intensity of the fever is over, the greatest care must be used throughout the convalescence, and the child be kept in a warm room, and liquid diet be rigidly enforced, until all danger of any relapse or complications is passed. Malignant scarlatina, carefully, rationally and skillfully treated with whisky and refrigeration, *as adjuvants to other treatment*, will usually terminate favorably; and in our experience, patients thus treated are less liable to have serious complications, such as ear-difficulties, abscesses, rheumatism, dropsy, etc., than those treated otherwise.

T. GRISWOLD COMSTOCK, A. M., M. D.
ST. LOUIS, 507 North Fourteenth St.

*Dr. H. C. Wood, "Therapeutic Gazette," July 1885, p. 446.

Treatment of Typhoid Fever.

Editor MEDICAL WORLD:

The new German abortive treatment of typhoid fever, as editorially presented in the July number of THE MEDICAL WORLD, was read with great interest. If the facts are all true, this treatment is a very remarkable one. Coming from the source it does, it is worthy of special attention, and I trust many of your "working force *at the bedside* in every portion of the country" will give it a full and fair trial, and report the practical results of their studies of it through your journal.

This leads me to give, in a brief way, the treatment of this disease which I am in the habit of following. Of course this must vary somewhat to suit the severity of the attack, and the various symptoms that prevail. Just as soon as I *suspect* a patient to have typhoid fever I immediately order him to bed and put him on a diet consisting of milk, soft-boiled eggs and beef-tea or animal broths. I consider the early putting to bed of the utmost importance, and I particularly insist that the patient must maintain the recumbent position until convalescence is well advanced. Absolute rest of both mind and body, with perfect

quiet, is strictly enforced. For the distressing headache, generally present in the beginning of the disease, I usually afford relief with the following:

℞ Quiniæ valer..... gr. ij
Ext. belladonnæ..... gr. ¼
Ext. aconiti..... gr. 1-6

M.—Put in one capsule.—Sig. One every three or four hours.

After this dilute muriatic acid, or the following mixture as recommended by Dr. Bartholow, is ordered, and frequently in mild cases continued throughout the treatment:

℞ Tr. iodinii..... ʒ ij
Acidi carbolici (pura) ..... ʒ j

M.

Of this mixture I give three or four drops in a wineglassful of cold water, three times daily, after nourishment has been taken.

It will be found refreshing to the patient, and give relief of a disturbed stomach, and in other respects prove beneficial, as the physiological actions of these medicines would indicate. I generally prefer, however, when the "typh" element predominates, the acid, well diluted in beef juice or flaxseed tea, and given in ten to fifteen-drop doses three or four times daily. Baths of tepid water, or of equal parts of alcohol and water when found more grateful, particularly in debility, are used twice daily. They act favorably upon the skin, prove cleanly and, in a measure, have a slight influence upon the temperature. A limb or portion of the body is sponged at a time, and care is taken that the patient is not exposed too long, or to draughts. The patient is also allowed frequently small quantities of cold drinks, and if not too weak, if he wish it, a little ice in his mouth. Whenever the evening temperature reaches 104° F., quinine in good size doses is administered, on the decline of the fever. Ten grains are given at 6 A. M. and ten at 6 P. M., if necessary. This amount generally will lower the temperature several degrees for the next forty-eight hours, after which the medicine is repeated if necessary. In other cases, when the temperature reaches a higher degree, a larger quantity of quinine is given, with success in reducing the temperature and most happily with great benefit to the patient. I find when there is considerable fever, the frequent injection into the bowels of small quantities of cold water, as practiced by my preceptor, the late Dr. Williamson, of this city, prove very grateful to the patient. Stimulants are not required usually until the beginning of the fourth week, unless there is much debility, or the habits of the patient demand their use earlier or throughout the attack. When there is heart failure, stimulants must be administered according to the exigencies of the case, but some cases do well without stimulating at all. When there is excessive diarrhœa, I control it with the following pill:

℞ Plumbi acetat.....
Pulv. camphoræ.....
Pulv. opii.....ää... gr. j

M —Sig. To be given every four hours.

When the opposite condition continues, I prefer to give small doses of calomel at intervals of two or three hours, unless serious intestinal lesions are suspected, when enemata are considered more judicious.

In the more favorable cases of the disease the above is about all the medicinal treatment required. But quite frequently the various symptoms grow worse; the tongue becomes brown and very dry; there is greater abdominal distention, and ulceration of the intestines; and very great delirium and debility. Under these circumstances the oil of turpentine, as employed by the late Dr. Wood, of Philadelphia, with opium, brandy and other stimulants are to be used with perseverance and good judgment.

An efficient nurse is specially required to combat this disease, as the life of the patient in a great measure is as dependent upon good nursing as upon medical skill. She should do all in her power for the sick, and attend strictly to the punctual administration of the medicines and diet, the latter being allowed every two or three hours when the debility is great. She should keep the apartment darkened, scrupulously clean, free from all unpleasant odor, and well ventilated. The more plainly it is furnished the better. The bed should be comfortably prepared, the linen frequently removed, the patient's comfort carefully studied, and his position changed as often as desired, when prudent, to prevent hypostatic congestion of the lungs. To avoid contagion the dejections must be systematically disinfected immediately after being voided—also the apartments, bedding, etc.—with carbolic acid, iodine, solution of chloride of zinc, or permanganate of potash.

WALTER B. REYNOLDS, M. D.
WASHINGTON CITY, D. C.

Malaria and Malarial Hæmaturia.—Treatment of Enlarged Spleen.

Editor MEDICAL WORLD:

I have been taking items from the varying opinions of doctors in the various sections of the country. One cures by one treatment, while another succeeds with the opposite. It amuses me to read what doctors of the north and west say about malaria. That they can so readily cure it proves to me that they have seen

very little of it compared to us in this section. When diseases assume an intermittent or remittent type we have found the remedies they condemn, the most reliable.

The mild chills of the north or of our hill regions, are quite different from ours of the low lands of Mississippi. Here, after the first or second chill, every organ is congested. This you would call a congestive chill, but such are the tendencies in all intensely malarial districts, and having lived in such a district for thirty years, it seems to me that my experience during that time, much of it sad, ought to teach me something—and I think it has. Theories of the north may answer there, but they do not for the lower Mississippi Valley. Calomel and quinine are the sheet anchors here, and no one is successful here who lays these specifics aside.

Dr. Rothrock cures his cases of malarial hæmaturia without calomel or quinine, while I am as successful as he and give calomel sometimes in ten- or twenty-grain doses. To one patient I gave one hundred and twenty grains and to another two hundred and forty grains, and five-grain doses of quinine every two or three hours. Small doses of quinine are tonic to the heart, while large doses are sedative to the heart. Ten grains will reduce the temperature in two hours often two degrees. I reported a case of pernicious fever showing the action of quinine, the discussion of which I think Dr. Rothrock took a part. I have been remarkably successful with malarial hæmaturia, and my treatment is the same as for pernicious or congestive fever, and I think when the mass of the profession treat it as such many lives will be saved. I generally give five-grain doses of calomel, with camphor and ipecac. I never give opiates; the tendency of the disease is to suppression of the urine, and opiates favor it. I give quinine every two or three hours in three- to five-grain doses, or by rectum in o or oo capsules, if the stomach is irritable, as is generally the case; or by hypodermic injections of the bisulphate or bromide of quinine. I can cite a case in which these injections controlled the hemorrhagic tendency. I treat the hemorrhage as a symptom and not the disease. We have hemorrhages from lungs, stomach and bowels, in pernicious fever, why not from the kidneys? When the hemorrhage is excessive I have controlled it with chlorate of potash (not, however, in Dr. Rothrock's doses) and fluid-extract of ergot. I generally put one-half to one ounce of the chlorate in a goblet of water, and add a tablespoonful or more, as required of the fluid-extract of ergot, and order a tablespoonful every hour or two along with the calomel and quinine. Chlorate of potash keeps up the action of calomel on the liver, or has, itself, a stimulant action on the liver. When I get the bowels to acting freely under the action of calomel, I begin to feel safe as regards the prognosis—with the right kind of a case.

I want but one case of hæmaturia at a time, and the physician that takes more is liable to loose all. I want to see my patient every three to six hours, and generally contract for my individual attention.

I always watch the temperature; no doctor is safe in this disease without a thermometer. The action of the heart and the temperature of the surface are often misleading. Often the pulse is good and the skin cool and moist, when the thermometer shows a temperature of from 102° to 105°.

The "sinking spells" are from heart failure, caused by the presence of bile in the blood. Hence the necessity for the action of calomel upon the liver as early in the disease as possible. Death frequently results from failure of the heart due to the blood being thus poisoned. A mustard plaster over the heart is a great aid. The patient, even when near death, often does not feel uncomfortable, and cannot realize his critical condition.

To show that the hemorrhage is but a symptom, in a recent case the hemorrhage ceased after twenty-four hours, the urine becoming clear, but the temperature continued high, requiring recourse again to calomel and quinine.

I never give by mouth over five grains of quinine unless for specific purposes. In ten-grain doses it will reduce high temperature as readily as antipyrin.

In enlarged spleen, I cannot too highly extol ergotine hypodermically, and chlorate of potash in combination with muriated tincture of iron and Fowler's solution. Last summer a man applied to me with a spleen extending to the inguinal region—larger than the liver. He looked like as if he was in the family way! He was dropsical and as yellow as a pumpkin, and now is hale and hearty. I used quinine, tincture of iron, chlorate of potash and Fowler's solution; also one-eighth to one-quarter grain of ergotine hypodermically twice a week. Too much ergotine at a time produces an induration or may produce an abscess. No trouble with one-eighth grain, or twenty to thirty drops of P. D. & Co's. normal liquid ergot.

CHAS. C. THORNTON.

THORNTON, Miss.

Dr. L. G. Hill, of Dover, N. H., says: "A busy practitioner likes short, sharp, pithy, practical articles."

Who is in the Right.

"If, therefore, the light that is in thee be darkness, how great is that darkness!"

Editor MEDICAL WORLD:

Encouraged by Dr. E. A. Bass' indorsement, in the July number of THE MEDICAL WORLD, of my article published in the May number, and with a desire to correct the misapprehensions of Doctors J. M. Griffin and J. S. Leonhardt, I offer this my second contribution to your almost invaluable journal.

Dr. Leonhardt says that *I* am "the first instance of a professor proclaiming the unworthiness of his creed." Have I done this? Even supposing my "creed" to be the same as *his* (which may, or may not be the case), have I proved myself unworthy of my creed, or my creed unworthy of myself, because I would renounce or qualify one or more articles thereof? My creed in medicine is, "Try all things, prove all things, hold fast that which is good," no matter what the school or "pathy."

"Slave to no sect, I take my private road,
And look from nature, up to nature's God."

Dr. L. admits that he would "not care to defend or adopt" Dr. G.'s course in the cases under consideration, and I think very few doctors would, if they have kept themselves posted in therapeutics. Dr. L. in referring to my own case, as detailed in my article, says derisively: "Fever sore extended from ankle to knee, lasted four years and eight months, etc. Shades of Hippocrates, forgive! That it should take nearly five years to find a physician with balm enough in his vials to cure a necrosis with exfoliation" etc. Was that anything to wonder at, Doctor? Do you not know of many similar cases, (some of more than five years' duration) that are *uncured* to-day? Right here in my own town I can count up at least a half a dozen such cases, the victims going about with more or less difficulty; and their limbs presenting the most melancholy proofs of malpractice, or injudicious use of calomel, by their physicians during previous attacks of pneumonia, malarial fevers, etc. In none of these cases, all of which I am personally acquainted with, no hereditary taint can be traced; and no symptoms of such conditions were found in the patients until *after* a long, protracted case of fever of some type or other, and its treatment by the physician. Will Dr. L. claim or admit that there is any *necessary* connection between a so-called fever sore, ("necrosis with exfoliation," if you please) and the case of pneumonia, etc., that preceded it? If not, does it not look very much like the "mercurial breach" spoken of in my quotation from Dr. Chapman? I am personally and intimately acquainted with a physician, a comparatively young practitioner, who is wonderfully successful in treating typhoid and pleuro-pneumonia *without* calomel; and not a single case of "sore leg" can be found among his patients; and for the same reason he never had a case of salivation.

Dr. L. taxes me with misquoting, and "citing in fragmentary sentences" the words of Cooper, Rush, Chapman, etc. Dr. L., if I have "misquoted," etc., and you *know whereof you affirm*, you should have shown my injustice to those honored names by quoting them *correctly*. As to "citing fragmentary sentences," etc., I would say that I have only done what you, or any other person would do, and have a *right* to do, viz., quoted as much of their testimony as would justify my own position without putting them in a false one. Have I done them any injustice, or transcended the "limits of mercy," in this? In the eulogy paid to those honored and honorable names by Dr. L., I fully concur, and the more heartily because of that candor and courage that prompted them to abandon almost a life-long practice, when convinced it was *wrong;* and give to the world their unqualified acknowledgment thereof. They virtually warned the profession of the rocks on which so many of their patients had been wrecked, when that warning almost incriminated themselves. Their generous self-abnegation for the good of others cannot be too highly praised. I am the last of all living men to dim the halo of glory that crowns those illustrious names, or the profession they represented so faithfully.

And now a few words more to Dr. Griffin. He, like Dr. L., has misapprehended my position, in part at least. If the Doctor will refer to my article once more, attentively, he will notice that my condemnation of the use of calomel was qualified by the words *as exhibited by Dr. Griffin.* I am *not* "horrified that calomel is prescribed in the nineteenth century;" but, Doctor, I *am* horrified that it should be used as your acknowledged practice indicates; there, probably, is where we mainly disagree; for I am free to confess that conditions may exist where its use in *proper* quantities would be warrantable. The same may be said of bleeding, blistering, etc.; but, the cases where *no other* treatment would do as well are "few and far between." Dr. G. says, "I do not charge the Prof. even with being well read," etc. Well, Doctor, I *am* a plain "old Hunks" sort of a man, with no learning to *boast* of; but have a *little*, mixed with a fair intelligence (scarcely enough, possibly) to enable me to combat error, or vindicate truth successfully. Dr. Bass, however, from his article in the July WORLD seems to think favorably of my efforts in that direction.

Dr. Murray objects to Dr. Griffin's treatment, saying, "I cannot but think some advancement has been made in the treatment of pneumonia during the last thirty years." And, we opine that a very large majority of the contributors to this journal are of the same opinion. Even Dr. L. "would not care to adopt or defend" Dr. G.'s treatment. Dr. G. asks negatively, "Would a placebo have cured my case of croup?" (a six weeks old babe to whom he gave forty grains of mild chloride of mercury, followed by Fowler's solution of arsenic.) Well, Doctor, *I* don't know—nor do *you;* for we may very properly infer that you did not try it.

I suppose we should excuse Dr. G.'s attachment to his "antique" treatment of pneumonia and croup. Probably the Doctor treats all other diseases as he did "more than thirty years ago;" and may be he would (for the asking,) give the profession the benefit of a statement of his treatment of, for instance, cholera-infantum, Asiatic cholera, etc., etc.

The quotation from Scripture at the head of this article has its more modern and human rendering as given by that irrepressible humorist, Josh Billings, as follows: "A man had better not know so much, than to know so many things that ain't so."

This is a hint to make haste slowly, for the writer, Dr. G. and all the rest of us.

The most serious charge made by Dr. G., and the one I wish to deny with the greatest emphasis, is, "He (myself) seeks to array physicians as soldiers in combat. He thrusts at the integrity of the profession, etc." I would be willing to rest my vindication from this charge entirely with the profession itself, as represented by the contributors to THE MEDICAL WORLD. No, Dr. G., you may charge me with "ignorance of my subject," if you like, and I will not squirm; for I am aware that "what I *don't* know would make quite a large book;" but don't repeat, or even *believe* for one moment, that accusation. We say with Pope:

"Curs'd be the line, (how smooth so e're its flow,)
That tends to make one honest man my foe."

PROF. WM. M. SCRIBNER.

COXSACKIE, N. Y., July 1885.

Notes on Treatment.

Editor MEDICAL WORLD:

Pruritis of the scrotum is instantly cured by an application of chloroform to the parts. It causes much smarting for a few seconds; but don't get scared; apply it to the entire surface. Several years ago I had this troublesome disease, and one evening when going to bed, after the usual process of scratching and agony, in desperation I applied chloroform. The result was remarkable. It has never since failed in my hands.

For diarrhœa, pain (spasm) of the stomach and bowels, cholera morbus, etc., I use the following:

℞	Tinct. opii		
	Spts. lavend. comp	āā...	ʒ ij
	Spts. camphoræ		ʒ iij
	Tinct. capsici		ʒ j
	Syr. simplicis	ad...	ʒ iv

M.—Sig. Teaspoonful every half to three hours.

One or two doses will check any ordinary case of diarrhœa; it speedily relieves cramp of the stomach and soreness of the abdomen; it is also a splendid remedy for vomiting. I always keep it (without the addition of the syrup) in my pocket-case, and give from five to thirty drops. It is my universal remedy in all the above troubles.

ITCH.—This very troublesome disease, which has baffled so many physicians, refusing to yield to lotions, baths, including sulphur ointments, etc., etc., is very readily cured by an ointment of butter, soft-soap and gunpowder, equal parts by weight. First melt the butter, then add the soap, and gradually add the powder while stirring. I usually advise the patient to wear an old shirt or underclothing, and to apply the ointment twice a day, mornings and evenings. It generally takes from three to four days to effect a complete cure, during which time the whole body should be washed twice with soft-soap, but changing the underclothing is not necessary. The ointment is very cheap; I keep it always on hand. Four ounces is enough for any case, for which I generally charge two dollars. It is specific.

QUESTION.—Do any of my professional brothers know of any remedy which can be combined with fluid extract of ergot, to prevent the nausea which so frequently follows? I have had a great many patients who could not bear it even in small doses.

APPLETON, Wis. W. HAMBROER, M. D.

For Dyspepsia, with Acidity and Irritability of the Stomach.

℞	Ammoniæ bicarb		gr. viij
	Inf. columbæ		f ʒ j
	Tinct. lupuli		f ʒ j
	Tinct. hyoscyami		♏ xx

M.—For one dose.

—DR. NELIGAN.

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

I would be very glad if some of your many readers, who have had experience in the treatment of croup with bryonia, would give us the benefit of their experience, both in its modus operandi and dose, and the best vehicle to be administered in, if any, and oblige an admirer of THE WORLD.

CRAB BOTTOM, Va. W. W. DEAR, M. D.

Editor MEDICAL WORLD:

Will you please inform me, through your most excellent journal, where, within the United States, the climate is most suitable for patients with hereditary predisposition to tuberculosis?

L. R. HEATH, M. D.

SPARTANSBURG, Pa.

[This is largely a matter of opinion. Some would say Colorado, others Florida and still others California, particularly the southern portions. There are enthusiastic advocates for many other sections of the Union. A chief requisite of such a climate is freedom from sudden changes of temperature. Moderate elevation is advantageous, as the atmosphere is purer and dryer in high altitudes. The presence of pine, or other balsamic trees is desirable. Proper habits of the patient are quite as essential as the climate. An out-door life should be enforced, but the occupation should not be too hard and exhausting. We will leave the details to be discussed by our readers in various sections of the country.

For the class of patients mentioned, we would perhaps choose Colorado, although many other sections might do equally as well. It must be determined by experience how a high altitude agrees with the patient in other respects.—ED.]

Editor MEDICAL WORLD:

Will you please make the inquiry through your "Quiz column" whether any reader knows the formula for Wei de Meyer's Catarrh Cure? DR. W. O. STILLMAN.

ALBANY, N. Y.

Dr. H. H. Taylor, of Hudson, Mo., writes: "The January number of THE MEDICAL WORLD sent me as specimen, is simply captivating, and, regardless of price, it is the most practical journal of which I have any knowledge, and of more real, practical value to the busy practitioner."

FORMULÆ.

For Asthmatic Paroxysm.

℞ Tinct lobeliæ		ʒ j
Ammon. iodidi		ʒ ij
Ammon. bromidi		ʒ iij
Syr. tolutan		ʒ iij

M.—Sig. A teaspoonful every one, two, three or four hours.

Dr. Bartholow says that the above "gives relief in a few minutes, and sometimes the relief is permanent."

For Influenza.

℞ Acid. phos. dil		♏ xv
Spt. chloroformi		♏ xxv
Syr. scillæ		ʒ j
Aquæ	ad...	ʒ j

M.—Sig. Four or six times in every twenty-four hours.

This is an efficient expectorant, free from depressant effects in epidemic catarrh. In the convalescent stage, where a tonic is also desired, the following is very acceptable:

℞ Acid. nit. dil		♏ x
Spt, Chloroformi		ʒ ss
Inf. cinchonæ		℥ j

M.—Sig. To be repeated three or four times a day.

—FOTHERGIL.

In Uræmia.

℞ Acid. benzoici		gr. xx
Syr. tolutani		ʒ j

M.—Sig. To be given every third hour, largely diluted with water.

—DA COSTA.

For Debility and Want of Appetite.

℞ Quinæ sulph		gr. viij
Acid. nit. dil		ʒ ss
Tinct. aurantii		ʒ ss
Syr. aurantii		ʒ j
Aquæ	ad...	ʒ viij

Mix.—Dose, two tablespoonfuls three times a day.

—FARQUHARSON.

Anodyne Aromatic Chalk Mixture.

(Used in the London Ophthalmic Hospital.)

Take of—

Compound powder of cinnamon	grains	10
Powdered acacia	grains	10
Prepared chalk	grains	10
Tincture of opium	minims	5
Water	ounce	1

Mix.—This quantity may be given to an adult after each liquid stool; reduce dose for children according to age.

Pill of Dover's Powder and Hyoscyamus.

(Used in the City Chest Hospital, London.)

Take of—

Extract of hyoscyamus	grains	2½
Dover's powder	grains	2½

Make into one pill. May be given as often as required in cases where these drugs are indicated.

Acid Tonic Mixture.

(Used in Charing Cross Hospital, London.)

Take of—

Dilute hydrochloric acid	minims	8
Dilute nitric acid	"	7
Glycerine	drachm	½
Infusion of gentian	to ounce	1

Mix.—To be taken three times a day.

For Painful Menstruation in Females of Full Habit.

℞ Ext. belladonnæ ..... gr. v
Pulv. ipecacuanhæ ..... gr. x

Mix.—Ft. pil. num. xx.—Sig. One every one, two or three hours until the pain ceases.

—Dr. G. Bird.

For Gastralgia.

℞ Ext. belladonnæ ..... gr. j
Acidi hydrocyanici dil. ..... ♏ ij
Aquæ camphoræ ..... ℥ j

Mix.—For one dose.

—Dr. Strange.

Chapman's Copaiba Mixture.

Take of—

Copaiba	drachms	4
Sweet spirit of nitre	"	4
Powdered gum arabic	drachm	1
Powdered sugar	"	1
Compound spirit of lavender	drachms	2
Tincture of opium	"	1
Distilled water	ounces	4

Mix.—Dose, a tablespoonful three times a day.

Antacid Elixir.

Take of—

Bicarbonate of soda	ounces	1½
Infusion of gentian	"	4
Peppermint water	"	4
Compound tincture of cardamon	ounce	½
Simple elixir to make one pint		

Mix and filter. Dose, one to four teaspoonfuls, as an antacid corrective of indigestion.

Rhubarb and Opium Mixture.

(Used in St. Thomas's Hospital, London.)

Take of—

Tincture of rhubarb	dr.	2
Aromatic spirits of ammonia	dr.	½
Tincture of ginger	minims	15
Tincture of opium	minims	5
Peppermint water	oz.	1

Mix.—For one dose

Astringent Mixture.

(Used in Samaritan Hospital, London.)

Take of—

Gallic acid	gr.	3
Diluted sulphuric acid	minims	20
Glycerine	dr.	½
Water	oz.	½

Mix.—For one dose.

Roudet's Depilatory.

Take of—

Hydro-sulphate of soda (crystals)	dr.	2
Quick-lime (powdered)	dr.	10
Starch (powdered)	dr.	11

Powder the hydro-phosphate of soda and mix quickly. Make the powder into a paste, with a little water, and spread it on the part to be deprived of hair. When, on pulling one hair, it comes off readily, the paste is to be washed off with water, and some cerate or cold cream applied.

Tinctura Chloroformi cum Opio (Kirby).

℞ Tinct. opii ..... ℥ ss
Spt. camph ..... ℥ ss
Tinct. capsici ..... ℥ ss
Chloroformi ..... ℥ j ss
Spt. vini rect. ..... ad... ℥ ij ss

M.—Dose, five drops for a child, or twenty drops for an adult, given in half a wine-glass of water, every hour or two till the diarrhœa ceases. To be used in the first stage of cholera.

The following forms a painless, but effectual escharotic for the destruction of warts:

℞ Zinci chloridi ..... gr. xij
Zinci nitratis ..... gr. xxv
Aq. bullientis ..... gr. xx

M.—When cold, make into a paste with thirty-five grains of wheat flour.

—Esmarch.

Chloroform Mixture.

(Used in Guy's Hospital, London.)

Take of—

Chloroform	minims	5
Camphor	gr.	5
Mucilage	minims	60

Mix.—For one dose.

For Children's Dysentery.

℞ Hydrarg. perchloridi ..... gr. j
Pulv. ipecacuanhæ..... ʒ j
Aq. destil..... ʒ viij

M.—Sig. One teaspoonful every hour.

—L. LEWIS, M.D.

Bengal Cholera Pill.

℞ Pulveris nigri.....
Asafœtidæ..... āā... gr. j
Camphoræ..... grs. ij

Mix.—For one pill.

—*Indiana Medical Journal.*

Huchird's Anti-Tubercular Pills.

Take of—

Creosote .....
Iodoform ....
Powdered benzoin.....
Balsam of tolu.....of each... gr. ¼

Mix, and make one pill.—From two to four are given daily.

Thielemann's Swedish Cholera Mixture.

Take of—

Oil of peppermint..... dr. 4
Alcohol ..... oz. 4
Wine of opium and saffron..... oz. 1½
Tincture of ipecac..... oz. 4
Tincture of valerian..... oz. 6

Dissolve the oil in the alcohol; add wine and tinctures, and filter. Dose, one-half to one teaspoonful.

Extract of Malt with Alteratives.

Take of—

Bromide of calcium..... grs. 128
Iodide of potassium..... grs. 160
Bromide of sodium..... grs. 96
Hot water..... oz. 1
Extract of malt, to make one pint.

Dissolve the salts in the water; add to the malt and mix. One tablespoonful contains twelve grains of the salts. Dose, one tablespoonful.

Laxative Sugar.

Under the title "laxative sugar," the *Analectic* suggests the following mixture:

Take of—

Rochelle salts..... parts 10
Milk sugar..... " 30
Essential oil of lemon, sufficient quantity to flavor.

The dose is one or two heapiug teaspoonfuls before breakfast.

Blackberry Cordial.

Take of—

Blackberry juice.....pounds 6
Refined syrup..... " 4

Mix, and add one pint of brandy, saturated with cinnamon, half ounce; nutmegs, two drachms; cloves and allspice, of each, one drachm.

A Depilatory.

The following mixture will, it is said, remove surplus hair from the skin without injury to the latter:

Take of—

Barium sulphuret..... parts 3
Water..... " 12

Mix.—For use, wet a little starch with the solution and immediately apply to the part to be freed of hair. When the starch is dry it is rubbed off and the hair comes with it.

—*National Druggist.*

Catarrh Remedy.

Editor MEDICAL WORLD:

I send you Dr. Saul's "Catarrh Remedy." He has quite a reputation on it in his section of the country.

Take of—

Comp. tinct. benzoin.....
Tinct. tolu.....of each... oz. 2
Chloroform.....
Sulphuric ether.....of each... dr. 1
Aromatic spts. of ammonia.....,..... oz. 1
Oil of tar..... dr. 1
Rectified spirits..... oz. 5

Mix.—Use with Cutler's inhaler.

C. M. BRUCKER, M. D.

TELL CITY, Ind.

Day's Kidney Pad.

Take of—

Black cohosh.....ounce 1
Gum benzoin, powdered..... " 1
Gum quaiacum, powdered..... " 1
Juniper berries..... " 1
Queen of the meadow..... " 1
Digitalis leaves.....ounces 2
Oil of juniper..... " 1½

Grind the drugs to a moderately fine powder and mix with the oils and gums. Make an oblong pad to wear over the kidneys. Said to be useful in kidney complaints.—*Kilner's Modern Pharmacy.*

In Chlorosis.

℞ Boracis..... ℈ ij
Capsici pulv..... ʒ j
Pil. aloes cum myrrha..... ʒ j
Ol. sabinæ..... q. s.

M.—Ft. pil. num. xxx. Sig. Two pills three times a day.

—DR. COPLAND.

"Seven Barks."

Take of—

Extract of hydrangea	lb	1
" poke root	lb	12
" Cuiver's root	lb	12
" dandelion	lb	12
" lady slipper	lb	12
" colocynth	lb	12
" bloodroot	lb	6
" blue flag	lb	6
" stone root	lb	6¾
" goldenseal	lb	7½
" mandrake	lb	24
" black cohosh	lb	24
" butternut	lb	48
Spirits of sea salt	lb	14½
Aloes	lb	10
Borate of sodium	lb	15
Infusion of capsicum	lb	4½
Powdered sassafras	lb	11
Ginger	lb	6
Sugar-house syrup	cong...	40
Water, q. s.	" ...	98

—E. H. GREELY, of Manhattan, Kan., in *National Druggist.*

[The above is a good example of a "shotgun" prescription.—ED.]

Hop Bitters.

A correspondent of the *Druggists' Circular* writes, that before Hop Bitters were put upon the market, the following formula was sold around New York State. The writer states that he frequently put up the materials, and he is assured that the product is very much like the Hop Bitters sold. The sediment which appears often in the bitters of the market, is said to be due to the bad condition of the water at Rochester, at times.

Take of—

Hops	oz.	4
Dandelion root	oz.	1½
Mandrake root	oz.	½
Buchu, long	oz.	1

Put into a jar, add one gallon of boiling water, cover, after twelve hours strain, and to seven pints add one pint of alcohol.

BOOKS, PAMPHLETS, ETC.

"School Sanitation." An address delivered before the Medical Association of Georgia, by A. W. Calhoun, M.D., president.

"Endometris Fungosa;" by James B. Hunter, M. D.

"Does Tobacco Produce Amblyopis?" by W. F. Coleman, M.D., M.R.C.S., Eng., of Baltimore.

"Insanity and Divorce."

"A Case of Moral Insanity."

"State Provision for the Insane."

By C. H. Hughes, M.D., St. Louis, Mo.

Clinical Chart. Arranged by James C. Wilson, M.D., Philadelphia. Published by J. B. Lipincott Company. Price, fifty charts for 50 cts. Very convenient for keeping records of cases.

"The Dignity and Importance of the Individual. An address by A. L. Giban, A.M., M.D., Medical Director of the Navy.

"Typhoid Fever and Low Water in Wells;" by H. B. Baker, M.D., Lansing, Mich.

"Vital Statistics in Tennesee." A report by J. D. Plunkett, M.D., Nashville, Tenn.

"School Hygiene in Tennesee;" by D. F. Wright, M. D., Clarksville, Tenn.

Report of the Proceedings of the Illinois State Board of Health.

Proceedings of the Ohio State Sanitary Association.

"Electricity as Remedial Agent;" by Geo. C. Pitzer, M.D.

Thirteenth Annual Announcement of the American Medical College.

Announcement of the Medico-Chirurgical College of Philadelphia.

Remedy for the Great "Patent Medicine" Evil. Issued by Messrs. Parke, Davis & Co., Detroit, Mich.

"Woman and Her Diseases." Published by Messrs. Hall & Bailey, Indianapolis. A very short treatise.

"Avena Sativa." Published by B. Keith & Co., 75 William street, New York City.

Adhesive Addresses of Medical Journals. Published by the Illustrated Medical Journal Co., Derroit, Mich. Very convenient for physicans who wish to send reprints to the journals,

VOLUME I, number 1, of *Daniel's Medical Journal*, is at hand. It is edited and published by Dr. F. E. Daniel, of Austin, Texas, and late of the Texas *Courier-Record of Medicine*. To say that it is a beauty is putting it mildly: it is a daisy—a jewel. We never saw a more handsomely gotten-up periodical than this. Doctor Daniel's salutatory is an exceedingly fine literary effort. There can be no doubt that the Doctor's soul is in the work, and that it will "march on" to success. The *Journal* is in a high degree sprightly, interesting and practical. Subscription price, $2.00 per annum; single copies, 25 cents.

MESSRS. WM. R. WARNER & CO'S SUGAR-COATED PILLS have received the first premium at the World's Exposition, New Orleans, on account of their great uniformity and solubility. This is the *ninth* World's Fair prize which attests to the excellence of the manufactures of this celebrated Philadelphia drug house.

SPECIAL.

TRY miik of magnesia as an agreeable anti-acid and aperient, particularly for ladies and children. Try it during the hot weather.

IN writing to Messrs. Parke, Davis & Co., for

literature, samples, etc., always mention THE MEDICAL WORLD. See their advertisement on last page.

READ carefully advertisement of Hastings & Garson's Improved uterine supporter, *and prices*. Send for circulars giving fuller description, and mention WORLD.

BY addressing Messrs. Griffith & Co., 146 Second Avenue, New York city, you will receive, free of charge, a sample bottle of their excellent rheumatic preparation. See advertisement.

IN addition to Hydroleine, the well-known and efficient reconstructive agent, Messrs. William F. Kidder & Co., have placed two new preparations upon the market, viz: Wine of the Hypophosphites and "Digestylin." Do not delay becoming acquainted with them. Always mention WORLD.

TO physicians willing to pay express charges, Wm. Proctor, Jr. Co., corner Ninth and Lumbard streets, Philadelphia, will send large samples of syr. hypophos. comp, digestive wine, pepsin, etc., if this journal is mentioned.

L. H. GEDNEY'S capsules are preferred by many of the leading retail druggists of New York city. To readers of this journal a detailed list and samples of soft and hard capsules will be sent free. Address L. H. Gedney, 1714, First avenue, New York city.

NOW THAT summer suns are coming, diseases of the digestive tract will soon predominate. Do not delay making a practical acquaintance with that tried and established preparation, lactopeptine. A sample for trial will be sent free if THE WORLD is mentioned. See advertisement on page xii.

READ carefully the advertisement of Bunn's Uterine Supporter, on advertisement page. It is claimed that it has never disappointed a single physician who has tried it. Send him $1.50 for one, and 14 cents for postage, and report to him result of its use.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcomeby the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth street, New York City. The price is *very* reasonable. Send for descriptive circulars and mention THE WORLD.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free if you mention this journal.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

BE SURE to send a postal-card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent
L D is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm.R. Warner & Co. for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD. Notice the advertisement of hydrobromate of caffeine.

IT will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who are willing to pay express charges. Address the Rio Chemical Company, 218 N. Second street, St.Louis, Mo., and mention this journal.

IF you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk, free if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ. etc.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co.. on adv. page vi.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore, and get a physician's sample of Mineral Earth. Always mention THE WORLD.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

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C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520-1522 Chestnut Street,
PHILADELPHIA, PA.

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PLEASE notice that our address has been changed from 401 South Eighth street, to 1520 and 1522 Chestnut street.

Health of the Homeless.

Dr. Benjamin Ward Richardson, of England, has for years been interested in the lot of the homeless, which he divides into three classes: first, vagrants; second, itinerants, like the "Cheap John" fraternity and showmen; and third, nomads, like the gypsies.

Of the vagrant class, notwithstanding the irregular meals, uncertain lodgings and general lack of comfort, he says that they enjoy a degree of health equal, at least, to that of the hard-working classes in packed communities. They do not suffer from any special class of diseases; ring-worm, itch, tape-worm and the zymotic diseases are not specially prevalent among them. Generally they do not live to a great age, but there are exceptions to this rule. Rather strangely, they are rarely met with in hospital or dispensary practice. Probably they allow their ills to take their natural course without medical interference.

The itinerant class are not healthy as a rule. They suffer from scrofula, and consumption is a common disease among them; also other chest diseases, as congestion of the lungs, asthma and bronchitis. While they are much better fed and clothed than the vagrant class, and much better sheltered apparently, yet the close van, which serves at once for store-house, kitchen, sitting-room and sleeping apartment, does not conduce to the health and well being of its inmates. "They are not healthy looking, and their children have usually a pale and oppressed cast." They seem to be less subject to zymotic diseases, such as measles, scarlet fever, whooping-cough, small-pox, erysipelas and typhoid fever, than residents of houses are.

The nomadic class, or tent-dwellers, are by far the most fortunate in regard to health. Rheumatism, of the subacute or chronic variety, without fever, seems to be their only enemy in the way of disease. Of the zymotic diseases they know little; vaccination is not practiced among them, yet they do suffer from small-pox. They do not suffer from consumption nor any of the chest diseases; and, stranger still, syphilis is not known among them. There are gypsy men who have never heard of such a disease. These statements apply only to gypsies in the nomadic state. When they settle down to the happier (?) influences of civilization such comforts as consumption, zymotic diseases, chest diseases, syphilis, etc., come within their reach.

The conclusions that the Doctor draws from these facts are: That poverty of itself is not necessarily a cause of the worst diseases. That the open air is a powerful disinfectant, protecting the gypsy from germs which we vainly fight with all the aid of science. That in many human habitations diseases are not only begotten but entrapped.

The above facts are a mighty plea for better ventilation.

The Current Medical Thought.

Treatment of General Grant's Case.

Early in the disease, specific treatment was given in order to eliminate any possible error of diagnosis in that direction, although there were no clinical indications for specific treatment, and only negative results followed. Iodoform was used as a local application to the ulcers, and gargles composed of salt and water, diluted carbolic acid, solutions of permanganate of potash and yeast. A four-per-cent solution of cocaine was occasionally applied to the painful parts with happy results, but it was never employed to any such excess as is generally believed by the public, nor were there any bad effects manifested from its administration at any time. Red clover was given quite constantly, but it produced no effect upon the local disease. It only acted as a laxative, and was continued as being the least harmful of medicines of this sort for continuous use. A small quantity of morphia daily was injected hypodermically.

His food consisted of beef extracts, milk, eggs and farinaceous materials, always in liquid form. The appetite of the patient was consulted in determining the choice of food whenever any craving existed.

In March an acute inflammatory process was engrafted upon the original disease, and an exudation was thrown out which partook largely of adiphtheritic nature. To this complication was due the great depression at this time. The accumulation of mucus causing the distressing, choking spells, was chiefly owing to this engrafted inflammation and exudation. Digitalis and coca were given as heart stimulants, but the weakened condition continued, and early on the morning of April 1st, heart failure seemed imminent. The members of the family expected that every moment would be his last, and the farewells were said. Finally hypodermic injections of brandy were administered, reviving the patient, and bridging him over a threatened collapse.

One week after this the exudation became detached, and after this the General rallied and became much better—not of the cancer, but of the complication. As we are painfully aware, the cancer pursued its destructive course until death occurred July 23d, nine months only after its beginning.

Send $1.00 for "Official Formulæ of American Hospitals" Just ready.

Mortality in Mexico.

The city of Mexico is entirely without sewers or drainage. With the accumulated filth of between three and four hundred years, the sanitary condition cannot be anything but miserable. As a consequence, the mortality reaches the exceptionally high rate of fifty per thousand annually. Guanajuato, a Mexican city of 58,000, has a death rate of *seventy-four* per thousand. The chief diseases are intestinal troubles, often of alcoholic origin, pneumonia, bronchitis, tuberculosis and typhus.

Terpine.

Terpine is the active principle of various turpentines. Lepine and Dujardin-Beaumetz were the first to direct attention to it; and Prof. Germain See has lately made some researches into its therapeutical properties in the treatment of catarrhal phthisis, hæmoptysis, and chronic bronchitis. He finds it an energetic modifier of the secretion of bronchial mucus in all respiratory diseases. It diminishes the purulent secretions of catarrhal phthisis in a marked manner. It is indicated whenever the pus is sufficiently abundant to distress the patient, or exhaust his strength. It is serviceable in the hæmoptysis attending tuberculosis, before the development of large cavities with aneurism of pulmonary arteries. In the hypersecretion of bronchitis, unattended with asthma, it is invaluable. It is attended by no physiological inconveniences such as sometimes interdict the use of other terebinthinates, is perfectly digestible and inocuous. It is best given in pill form, or in an alcoholic solution. The dose is about fifteen grains. In asthma it is inferior to iodine and pyridine.

Uses of Sulphide of Carbon.

Sulphide of carbon is a powerful antiseptic, a small quantity of its solution being sufficient to sterilize beef-tea, and arrest fermentation. It forms a good dressing for wounds of a malignant type. It is a useful internal agent in the treatment of typhoid fever, dilatation of the stomach with diarrhœa, infectious diarrhœa, and in all cases of putrefactive action in the digestive tract. A solution of sulphide of carbon for medicinal use is prepared by shaking up the water with an excess of the sulphide; the water will take up about thirty grains to the litre. This solution is harmless to men and animals, internally, externally, or by inhalation. Hypodermically, it produces some local irritation.

Hypodermic Use of Oils.

In cases of obstinate constipation, Dr. J. V. Shoemaker frequently uses castor oil hypodermically. A drachm or two of castor-oil mixed with an equal quantity of oil of sweet almonds, in order to obtain the required fluidity, is injected, and produces a satisfactory evacuation in about an hour. But the most useful application of oil hypodermically is in diseases of the digestive organs, when nourishment cannot be taken in the natural way, and in the tuberculosis, scrofula and all forms of defective nutrition. Cod-liver or olive oil should be used, in doses of about two drachms, two or three times a day. The nutrition and general tone of the system will improve wonderfully. When the oil is given every two hours it will sustain the system without other food. The treatment of many obstinate skin affections is greatly aided by the hypodermic use of cod-liver oil.

No abscesses follow the injections. A large hypodermic syringe, with a capacity of from two to eight drachms should be used, and portions of the body well supplied with cellular tissue, as the superior and inferior scapular and sacral regions should be selected. Injections can also be made in the arms, thighs, back or abdomen. Doses of one-half ounce have been administered without causing inflammation of the skin or producing any unfavorable effects.

Dr. Warburg in Poverty.

Dr. Warburg, originator of Warburgh's tincture, is eighty one years of age, and in poverty. Had he kept his excellent preparation a secret, he could have been wealthy instead of poor. This seems a hard visitation for doing right.

Doctors and the Tariff.

Doctors pay twenty-five per cent. duty on foreign medical books. On foreign-made surgical instruments the duty ranges from twenty-five to fifty per cent. The duties on drugs are various. In the sacred (?) but misleading name of protection the means of relieving pain and restoring health are unjustly taxed. Let us have freedom; that is the best protection.

Quadruple Pregnancy.

Dr. M. Arthur, of Waverly, Dakota, reports in the Chicago *Medical Journal and Examiner*, the delivery of four babes at a single labor. The mother is thirty-six years of age, and both she and the father are Scotch. They had five children previous to the late addition. The aggregate weight of the four babes was twenty-one and a-half pounds.

History of the Clinical Thermometer.

The use of the clinical thermometer in disease was suggested as far back as the 17th century, by a physician named Sanctorius; and it was actually employed by Drs. Currie and De Hæn at the end of the 18th century, as a measure of the strength of fever. Its employment, however, was very limited, and soon fell into disuse, only to be renewed and become almost universal within the last few years.

Protective for Exposed Dental Nerves.

Ten parts of collodion added to fifteen parts of creosote form a firm gelatinous mass of great efficacy, as a stopping and protective to exposed nerve-substance in dental cavities.

For Urethral Discharges.

Dr. Ferrier's snuff, dissolved in water, makes an excellent injection for urethral discharges, as gleet, gonorrhœa, etc. It consists of six drachms of subnitrate of bismuth, two drachms of powdered gum acacia and two grains of morphia. This quantity may be dissolved in six ounces of water, to be used with a small syringe.

Drugs Which Increase the Secretion of Urea.

The secretion of urea is increased by salicylate of soda, benzoate of soda, euonymin, iridin, colchicum and corrosive sublimate. These substances also increase the elimination of water (excepting colchicum and salicylate of soda). When large or purgative doses are used, the increased elimination of urea is less marked.

Medicinal Uses of Arsenic.

Arsenic taken internally, in minute doses, acts as a prophylactic against malarious diseases and some epidemics, and is also curative when these diseases are already contracted. In many districts in Italy known to be malarious, the men employed on the railways passing through those parts, porters, plate-layers, conductors, firemen, etc., have been kept fever-free by the use of this agent. One of the more morbid processes of these fevers is a too rapid destruction of the tissues; and arsenic would here appear to vindicate its reputation to arrest retrograde tissue-metamorphosis.

In the dyspnœa of "pernicious" anæmia, no drug is so generally useful as arsenic, in about five minim doses of Fowler's solution.

In general cachexy, and extreme wasting and debility, its good effects are also frequently manifested, after the failure of iron and other medicines. It is even recommended in Hodgkin's disease, a more definite form of cachexia, and is reported to have cured cases, when combined with its subcutaneous injection into the diseased glands.

Drugs Which Injure the Red Corpuscles.

Salicylate of soda and benzoate of soda have a destructive action upon the red corpuscles of the blood; and are thus contra-indicated in the treatment of spanæmia, chlorosis, leucocythæmia, etc.

To Avert Syncope from a Weak Heart.

When syncope threatens, from the effect of heat or other causes acting on a weak heart, the attack may frequently be averted by the application of hot water to the head and neck.

A Very Wise One.

The other day a western woman went into a shoe store to buy a pair of shoes. The clerk was in the act of sprinkling some chalk-powder inside, so they might slip on easily. She glanced furtively at him, and remarked; "I know what you are doing." The genial clerk smiled acquiescence. She slid towards the door, and said in tones that startled his nerves: "You can't chloroform me, mister; I was fooled once before, and I'm blamed if I'll be again." And she left without the shoes.

Hint to Diabetics.

Lobsters, clams, and especially oysters are excellent adjuncts to the dietary of diabetic patients.

A New Test for Digitaline.

If a solution containing a trace of digitaline be treated with a mixture of equal parts of sulphuric acid and alcohol, to which a drop of solution of perchlorite of iron has been added, the solution containing the digitaline will take on a beautiful blueish-green color, which remains for some hours.

Dr. Campardon, of Paris, recommends thirty grains of borax in one ounce of vaseline as an ointment for intertrigo.

Nitro-Glycerine for Angina Pectoris.

The French Academie de Medecine has awarded a special prize to Dr. William Murrell, of the Westminister Hospital, for his discovery that nitro-glycerine is an almost infallible remedy for angina pectoris. Glonoin, or nitro-glycerine, may therefore be said to have something of goodness in its composition, and to atone for the terrible outrages sometimes committed by its aid, in its success as a specific for a most trying disease.

Auto-Massage.

Mr. F. E. Spinner, late treasurer of the United States, now eighty-three years of age, devotes three hours of each day, two in the morning and one at night, to self-manipulation. He says: "I knead, rub, pound, punch, pinch, squeeze, scratch, stretch and bounce myself, one or more of these on every part of myself, from the crown of my head to the soles of my feet, save a part that is inacessible to hand or foot, below my shoulder blades." He bathes every morning and rubs every part of his body well with a rough towel. He avoids all nostrums, and regulates his digestive organs by a careful diet made up principally of fruit and vegetables, especially apples, oranges and tomatoes, and oatmeal or hominy with milk, and fish. He uses no alcohol nor tobacco. To this regimen he attributes his excellent health and his ability, at his great age, to still do a full day's work.

A Wise Stroke at Medical Pauperism.

The British Parliament has enacted a law which disfranchises all English voters who have accepted medical relief from the parish. It is only just that a man who is unable to keep above pauperism should have no voice in the management of public affairs. But the greatest good that this law will do will be to cause all who are able to pay for their medicines and medical attention to do so. It is to be hoped this will greatly diminish the imposition that the English profession has suffered very greatly from in recent years.

Meaning of Sudden Fall of Temperature.

In fatal cases of typhus fever, the temperature falls below the natural standard at the approach of death. A similar fall announces the occurrence of perforation of the intestine in typhoid fever, before the appearanee of blood in the stools. It also occurs frequently after

favorable crises, during morning remissions of certain fevers (remittent or intermittent), in collapse, and sometimes during the state of coma.

Odors of Abnormal Urine.

Albumin ous urine has a faint insipid smell, not unlike that of veal broth or beef tea. Diabetic urine savors faintly of apples or violets, and is slow to decompose; it never becomes ammoniacal, but as it gets older, and as the disease progresses, it gradually becomes more alcoholic, owing, presumably, to the presence of *acetone*. When heated, it smells remarkably like caramel. Cancerous urine smells unmistakably of pus. In scurvy, the urine is ammoniacal. In inanition or starvation, it smells like phosphorus or decaying bone.

Odor of Cholera Patients.

In Asiatic cholera the skin has been noticed to exhale an ammoniacal odor in many cases; this is attributed to the elimination of the products of urea, through the medium of the sebaceous glands.

Odor of Hydrophobia, Etc.

Certain virulent diseases, such as hydrophobia, farcy and glanders, are accompanied by a noisome decomposing odor of the skin. Virgil alludes to this in the case of malignant pustule, or "charbon," in the following lines:

"Immundus *olentia* sudor
Membra sequebatur."
GEORGICS Book III.

A Cheap and Efficient Disinfectant.

A drachm of corrosive sublimate to a gallon of water constitutes a cheap and efficient disinfectant for general purposes.

"On his death-bed poor Lubin lies,
His spouse is in despair:
With frequent sobs and mutual cries,
They both express their care.

"A different cause,' says Parson Sly,
"The same effect may give;
Poor Lubin fears that he shall die,
His wife that he may live!"

For the Dyspnœa of Pulmonary Emphysema.

The dyspnœa of pulmonary emphysema is alleviated by the application of an elastic bandage extending from the second to the last rib.

Iodoform for Gout.

Iodoform, administered internally, appears to lessen the pain and frequency of attacks of gout. A grain is sufficient for a dose, taken two or three times daily.

Sex in Generation.

It is strange that in times past so little attention has been given to those great social problems with which the welfare of the human race is so intimately interwoven. A kind of fatalism, so far as these questions were concerned, seemed to pervade all minds. The union of sexes and the process of generation were something so sacred that any attempt to regulate them by scientific rules was considered almost sacrilege. The great question of matrimony, as a means of improving the strength and vigor of the race, was the least thought of in forming the marriage contract and begetting children. An old college President, a man who for more than fifty years had stood in the front rank of the clerical profession as a close observer, an accurate and logical thinker, and an eloquent writer and speaker, remarked to us, in discussing this subject, he believed if law and public opinion did not stand in the way, that nineteen marriages out of twenty would be annulled at the expiration of a single year. In process of time the mutual antagonism which is so apt to spring up in early months of an ill-assorted union may give place to a kind of endurance which becomes softened and perhaps brightened by the new ties which spring up in the family relations, or one or both looking upon the condition as hopeless, plod on with a dogged determination to endure until death breaks the bond. Every physician will recognize much of truth in the picture so graphically painted by the old clergyman, who saw in the lack of judgment, of common sense, and ordinary intelligence in the marriage union and begetting children the great obstacle in the advancement and final regeneration of the human race.

In true union there should be and there is strength. The wife and the husband give each to the other strength and both to their children physical and mental vigor. There is a law which governs all this as well as every other process of nature, the violation of which is more sad and more disastrous than the violation of any other law, because it has to deal with physical life and with the human soul. Push the process of child-bearing beyond what the mother's strength can bear, let her bring children into the world in such rapid succession that she has not the strength

to give to them nourishment, and the father perhaps without the means necessary to their comfortable support, and the result is a broken and discordant family, a wife ruined in health, children without a mother's care and a home lacking those pure and harmonious elements which go to make strength and vigor. No family is well balanced without male and female children, and the question if, in begetting children, the sex may be controlled by the parents by observing certain known rules, is not only full of interest but of the utmost importance. A recent writer* has discussed this question with great fullness, supporting his conclusions with important facts drawn from the statistics of births and deaths among different cases in different States of the Union.

His theory is that to produce female offspring the male must be in a more vigorous sexual condition than the female; and reversely to produce male offspring the female must be in a more vigorous sexual condition than the male.

Nothwithstanding the author supports his conclusions with many interesting facts drawn from statistics and careful observation, giving us an exceedingly readable and instructive book, we are inclined to believe he has not yet completely solved the important question.

Some twenty years ago, our attention was directed, by a prominent cattle breeder who was celebrated for the purity and excellence of his stock, to the fact that he could so regulate the union of the breeders as to determine with tolerable certainty the sex of the calves. Early in the heat the result of sexual congress, in nineteen cases out of twenty, was a heifer, while if the union occurred in the closing days of the heat he obtained a bull. He asked the question if this rule might not prove true in the higher forms of animal life. It was certainly worthy of investigation, and from that day to the present, in a very large obstetrical practice, we have carefully noted the results. On the supposition that, as a rule, the ovum becomes impregnated during the three days preceding the time for the menstrual flux or within ten days following, and counting two hundred and seventy days as the average duration of pregnancy, we have found, in a very large majority of cases, that where conception must have occurred during the three days previous the time for the menstrual flux, or five or six days after, there has been a female child, while in labors from the two hundred and seventy-fifth or sixth to the two hundred and eighteenth day the result was a male child.

*"Controlling sex in Generation," by Samuel Howe Terry, New York: Fowler & Wells, publishers.

Nature has undoubtedly some law directing it in its formation of the sexes. We do not believe the secrets of that law have yet been fully unfolded, but we do believe that it should be more thoroughly instructed in the physiological process of generation.—*New York Medical Times.*

Can it be possible that marital infelicity is as prevalent as the college president in the above would lead us to believe? Domestic discords generally come to the surface and are seen by the outside world; while domestic peace and harmony are quiet and generally known only to the happy family circle. Then, is not the large percentage of unhappy marriages apparent rather than real? The unhappy ones are forced upon our notice; the happy ones, though they are legion, we rarely learn of.

Transmission of Cholera.

Cholera is transmitted by man; it travels with him by land and by sea, slowly or quickly, according to the means of locomotion he possesses. Cholera is frequently imported by an arrival from a contaminated locality; it is not necessary that this person should have cholera; choleraic diarrhœa would spread the contagion. The contagious principle exists in the intestinal dejecta of the patients. Clothes worn by cholera patients, and their soiled linen, propagate cholera in distant districts where they may be sent; moreover, they retain, during several weeks, their dangerous principles. Food prepared in the house of a cholera patient and carried to another house, has communicated cholera to people who ate it. Of all callings, cholera-mortality is highest among linen-washers, whether they be washer-women or men. In the epidemic of 1832, 165 of this calling died. In high altitudes cholera is rare, but localities in low positions generally suffer severely, especially villages situated on the river banks, or near streams. The epidemic appears in succession in each village, following the course observed by the water.

Cocaine in Litholapaxy.

Professor Bruns, of Tubingen, reports a case in which he obtained local anæsthesia of the bladder and urethra, by injecting a cocaine solution, with the most gratifying result. The patient, a young man, had suffered for four years from stone in the bladder. Chronic cystitis was present, and evening feverishness. The injection of one gramme (mostly in the bladder itself, in a 2 per cent. solution, but also a little into the urethra) produced complete local

anæthesia for half an hour, during which time a very hard oxalate of lime calculus was thoroughly crushed, and removed without pain. After the injection, the patient assumed a different position, to bring the fluid into contact with the whole inside of the bladder; and after the operation, a little of a 10 per cent. of iodoform-glycerineemulsion was injected. The recovery was uninterrupted.

Tobacco Workers Free from Cholera.

"In Valencia, Spain, which is now being decimated by cholera, there is a national tobacco factory, employing 4000 women, not one of whom has been affected by the disease." We believe that fact was also noticed in Amsterdam, Holland, during a cholera epidemic. Those employed in the handling of tobacco, as cigarmakers, enjoyed a singular immunity from the cholera.

Action of Pilocarpine and Atropine.

M. Judic, in a communication on the influence of pilocarpine and atropine on perspiration, made before the Biological Society of Paris, stated that if a dog's spinal cord be cut between the eighth and ninth dorsal vetebræ, its paws become the seat of intense perspiration. This appears to prove that there is a spinal nerve-center, which regulates the secretion of sweat. After dividing the sciatic nerve, if the peripheral end be stimulated, the corresponding paw perspires profusely. The sciatic nerve is simply a transmitting agent; it establishes communication between the medullary and the peripheral nerve-centers. If, instead of stimulating the peripheral end of the sciatic, the nerve be left intact, the pilocarpine be administered to the animal, the perspiration is equally intense. If the nerve be cut and pilocorpine administered, the perspiration is normal. It may, therefore, be concluded, that pilocarpine does not act on the glandular elements, but on the nervous system. Atropine produces the opposite effect to that provoked by pilocarpine.

Horrors of an Epidemic.

Prof. McMaster, in his History of the United States, thus describes the ravages of yellow fever in Philadelphia, a hundred years ago:

"The patients died by scores. Their medicine was rarely administered, their food was scanty and ill-prepared, their persons were never washed, their filth was suffered to stand for days in the very rooms where they lay. Such was the popular horror of the pest-house that, rather than go to it, the afflicted hid the first symptoms of their malady as long as they could, and, when unable longer to do so, locked themselves in their rooms or rushed out of the city, and perished under haystacks and in ditches. Nor did those who quitted the city in perfect health fare much better. For, once out, it was almost impossible to go on. At every seaport along the whole coast a quarantine was laid on packets and sloops from Philadelphia. Some towns forbade the stages to pass through them. The inhabitants of one burned a wagon, loaded with furniture, on the highway. Those of another fired on a stage-coach. Others put up rude huts on the outskirts, where each stranger was carfully examined before he was suffered to go on. At every ferry stood an armed guard to keep back suspected persons. If a hungry fugitive begged for food at a farmer's door, he was given a crust on the end of a pitchfork and bidden to hurry away. Postmasters would handle no letters till they had been seized with a tonges and steeped into vinegar. Innkeepers would admit no traveler till he had shown beyond a doubt that he did not come from the infected city. But saddest of all sights were the little children who, hungry, orphaned and homeless, wandered through the streets. No one would feed them. None would go near them."

The Unfortunately Sensitive.

To some highly sensitive folk, noise is torture. It does not kill them, but it makes them miserable. A barrel organ before their windows—a German band, out of time and tune, at the corner of the street—the monotonous ding-dong of the chapel bell—the maddening chimes of the town hall clock—the roll of the horse-cars—the whistle and the grind, the snorting and the screeching of the railway and the engine—the howl of the kennelled dog and the miauling of the nocturnal cat, with the intermittent crowing of the matutinal cock—all these are noises only too well known by the nervous and the irritable, to whom the very song of birds is "a horrid noise" and one of Beethoven's sonatas but the orderly disposition of bray and cackle. To live in the heart of a wood where never a ring-dove cooed to its young—to be in the centre of a plain where even a skylark forgot to sing as it soared, and not a grasshopper chirped in love to its mate nor in defiance to its rival—that would be the Land of Bliss for one of these poor tortured beings. Place him then where a brazier hammers out his pots and pans; where a fulling mill thumps and thuds in regular

blows of wooden density; where a costermonger has his "pitch," or a dairyman keeps his fowls, and you place him in circumstances of so much pain as leaves his life no margin for pleasure.

On the Odor of the Urine.

After its excretion, and as long as it remains acid, normal urine has an unpleasant, animal smell which often changes (especially the urine of children) to an aromatic balsamic odor, similar to that of benzoic acid, which is one of its natural constituents, as demonstrated by Scheele.

Hysterical anæmic urine is excessive in quantity, limpid, and very watery, a counterpart of the blood under similar conditions; almost odorless and colorless, on account of its diluteness.

In violent febrile states, pneumonia, acute articular rheumatism, etc., the odor of the urine heightens with its color, and becomes pronounced and penetrating. In typhoid fever, hyæmia, plague, etc., the urine is alkaline, and shows a tendency to rapid decomposition and putrefaction, in common with the other liquids and solids of the economy. In diabetes and inanition it smells of phosphorus, and in scorbutic disease is ammoniacal. The ammoniacal smell is due to fermentation, which is produced by vibriones or animal ferments. In certain spinal affections, the urine rapidly decomposes, either from trophic lesions of the urino-genital apparatus, or from serious obstacles to the general nutrition. In vesical catarrh, alkaline fermentation takes place inside the bladder, probably owing to the ferment described by Pasteur. The alkalinity of the urine may as probably be the cause as the effect of the vesical catarrh. If there be supuration in the bladder, the action of the ammonia on the pus determines the formation of characteristic, glairy deposits, which have an unfavorable significance as to prognosis, their ammoniacal odor distinguishing them easily from simple mucous viscosities. In these cases, rigid antiseptic medication by means of benzoic acid, salycilate of soda, etc., is indicated. When suppuration in the urinary organs is sufficiently advanced to cause deposition of false membranes, the odor of the urine is repulsive and abominable; this occurs in the case of new growths, as fungi cancer, etc., and in suppuration of the prostate, and does not apply to other non-malignant tumors. When the urine contains pus, lymph, chyle, milk, or the lochia, the odor is more sulphurous, resembling that of putrid eggs, and this peculiar smell has also been noticed in certain grave forms of dyspepsia. Asparagus, garlic, turpentine and cubebs, all impart their characteristic odors to the urine, when taken internally. Diabetic urine frequently smells of sweet apples. Urine containing cystine, smells of violets.

New Treatment for Urethral Caruncle.

Dr. P. Boulton, of London, finds in cases of "urethral caruncle" (those exquisitely sensitive growths of the female urethra), that the effect of cocaine is marvellous. Few small troubles are more sensitive to touch, and formerly it was necessary to give chloroform for their removal. He now applies a four per cent. solution of cocaine, and in five minutes snips them off with sharp scissors, and applies the cautery to the stump to stop bleeding, without chloroform, and without pain to the patient. The same solution, if applied in the nostrils with a camels' hair-brush, undoubtedly produces great relief in cases of hay fever.

For the Phthisical.

In those cases of chronic phthisis in which stimulants are not contra-indicated, a tablespoonful of whisky or good rum, added to a tumblerful of buttermilk, and taken early befor breakfast, promotes appetite and energy, and soon causes material increase of bodily weight, if the disease be not too far advanced, or the digestive powers too much enfeebled. It does not appear to cause craving for stimulants, but the patients eagerly look for it at the prescribed time.

Treatment of Ulcers of the Leg.

Dr. Roberts (*Polyclinic*) has recently had excellent results in chronic ulcers of the legs, after sprinkling powdered chloride of sodium thickly over the surface of the ulcer, once every three or four days, and dressing the sores twice daily with corrosive sublimate ointment. The ointment contains half a grain of the mercuric chloride to the ounce of cerate. Chronic ulcers with callous edges are often most expeditiously treated by the surgeon excising them by means of an elliptical incision, and closing the wound with sutures.

HUMAN blood cannot be distinguished by analysis from dogs' blood, or that of any mammal, excepting under the most favorable conditions, and *then only by aid of the microscope.*

No, Not New.

In an editorial in the July number of the *Courier-Record*, under head of "Hemorrhagic Malaria," it is stated that "the New Orleans physicians claim that quinine has no beneficial action in hemorrhagic malaria, but increases congestion of kidneys and produces greater hemorrhage; but that the free use of calomel gives the best results in this form of malarial poisoning. Is not this something new to the profession?"

It is not new to us here, as this subject has been frequently and freely discussed in the meetings of the Waco Medical Association for at least fifteen or sixteen years, and the success of that plan practiced for that length of time, has been so satisfactory, that now, but few of our number who have seen many cases of this kind, would venture to give quinine at all.

In the years 1867 and 1868 there was a great many cases of malarial hematuria in Waco and vicinity, and Dr. J. H. Caldwell of this city, then learned from experience that quinine was injurious and calomel beneficial and so reported in the meetings of the Waco Medical Association.—J. C. J. KING, M. D., in Texas *Courier Record.*

Peppermint vs. Cocaine.

At a recent meeting of the Mexican Academy of Medicine, Dr. Miguel Cordero reported a number of cases in which he used peppermint as a local anæsthetic, showing it to possess remarkable powers. A case of intercostal neuralgia which resisted the usual means of relief, yielded completely and permanently to a hypodermic injection of four drops at the seat of pain. Another case similar to this, which had for a number of weeks resisted the usual treatment, including morphine hypodermically, yielded promptly and permanently to a hypodermic injection of four drops of the peppermint. A number of cases of facial neuralgia were cured by injection along the course of the nerves in the parotid region, or in the temporal region, if the neuralgia be ocular.

None of these injections were followed by inflammation or abscess.

In the discussion which followed the reading of this paper, the question was raised that the author had not told his formula for preparing the remedy for injection. This, strange to say, the author persistently refused to do, saying that as it was an old remedy each member should study up a mode of preparing it.

JABORANDI is said to arrest obstinate hiccough.

Coca Cigarettes.

In these columns (March WORLD, 1885, page 78) Dr. Lewis called attention to his experience with cigarettes made from equal parts of tobacco and coca leaves, to be used for the relief of asthma, hay fever and chronic cough. Messrs. Parke, Davis & Co., of Detroit, Mich., have now manufactured these and placed them on the market at the low price of ten cents per package of ten cigarettes. It is hoped that the lot of the hay fever sufferer will be materially improved by means of them.

Ahead Yet.

The young lady spoken of in the April *Journal*, whose bowels moved once in three week's, called to mind the case of Dr. B., who lives in a neighboring village:

The doctor was called to see a maiden lady noted for her prudishness. After examining pulse, tongue, etc., he said to her:

"Miss—, when were your bowels moved?"

"It is none of your business!" was the indignant answer.

"But," said the doctor, "I will not know how to treat you properly unless you tell me."

"Well, I won't; so I won't, now!"

"But you must," said the doctor, emphatically.

She hesitated awhile, and finally said:

"Well, then, if I must tell, it was almost twelve years ago, and his name was John, and I won't tell you another thing about it, so I won't."

The doctor managed to prescribe for the patient, but he came near dying of apoplexy before he got back to his office. True.—*Indiana Medical Journal.*

Bathing and Heart Failure.

It is not improbable that failure of the heart is, in many cases at least, the primary cause of death by drowning. A plunge into cold water is sufficient to throw a weak heart into a dangerous state of tension, which is further increased by swimming—an exercise perhaps the most violent in which it is possible to indulge. It is a remarkable fact that few, if any, of the subjects of so-called "cramp"—not, be it understood, the ordinary bather's cramp, but the mysterious seizure which impels its victim to throw up his arms and sink with a single cry—are ever recovered alive, and it is not an unreasonable inference that in many cases death occurs independently of, perhaps previously to, submersion. A necropsy or two might throw

some light on the matter, but in the meantime it is desirable that the excellent bathing rules of the Humane Society be taught in every school, as a preliminary to instruction in swimming, and that medical men should impress upon all subjects of cardiac weakness the risks of prolonged immersion and exercise in chilly water.—*British Medical Journal.*

The Best Food in Diarrhœa.

Milk-and-lime-water, taken warm, constitutes one of the best of foods in the treatment of acute diarrhœa.

Cause of General Grant's Disease.

If we go not beneath the surface we must say General Grant died of cancer. If we go further into causes, we see a psychical shock—a wounded spirit—which no organism, trained as his was, to a soldier's sense of honor, could withstand. The treachery of his financial associates to him and to the public who trusted the firm, through the association of his name with it, gave him the fatal blow of vital depression, which made the development of epithelioma a possibility and its early fatality a certainty.—*Alienist and Neurologist.*

Diphtheria Cure.

Talbert, in the *Journal de Medicine de Paris*, states that he has used large doses of copaiba in the treatment of more than 300 cases of diphtheria. He affirms that he has cured all cases which had not reached the third stage, that of anæsthesia. Intense urticaria may follow the administration of the drug. He prescribes "large doses" of the following mixture:

Take of—

Copaiba	grammes 80
Essence peppermint	drops 30
Gum	grammes 20

Mix and add—

Syrup	grammes 400

Beat up rapidly and add—

Water	grammes 50

—*Canadian Practitioner.*

Leprosy.

It is calculated that in India alone there are 100,000 lepers, with very few asylums for refuge and hardly any recognized medical aid. In Madagascar, throughout Africa, in Greece, along the Italian coast, in Spain and Portugal, and as far as Norway the same hideous scourge prevails. The general feeling among expert investigators is that, like a good many other scourges, leprosy is either to a great extent caused or intensified by food conditions and unsanitary habits and customs. The writer in the *Nineteenth Century* remarks that, though the disease has been prevalent from the earliest days, no certain cure has yet been discovered for it, and with men of science its communicable character is still an open question, or whether it is contagious or hereditary, due to insufficient, bad food, climate or dirt, to lack of meat, absence of vegetable diet, to use of salt-fish food, or to want of salt. It once desolated Europe, but now, except in isolated districts, is unknown here.—*London Sanitary World.*

To Keep Mosquitoes Away.

The effectiveness of the following mixture in keeping off mosquitoes is vouched for by *The Angler:* Three parts olive oil; two parts oil of pennyroyal; one part glycerin; one part ammonia. To be well shaken before applying to face and hands. Avoid getting the mixture into the eyes.—*Northwestern Lancet.*

Excision of the Larynx.

On Saturday, July 11th, Mr. Henry Morris (London), excised the larynx of a man for what turned out to be epithelioma. The patient had been suffering from severe laryngea symptoms for four years: tracheotomy became urgent four months ago, and, more recently, constant spasm and dyspnœa, due to the pressure of the growth on the upper part of the tracheotomy-tube, had rendered his existence unbearable. The growth was confined within the air-passage; it filled the upper part of the larnyx completely, and the cricoid cartilage partially. The larynx was removed by cutting through the thyro-hyoid membrane, and the tissue between the cricoid cartilage and the first ring of the trachea. The gullet and pharynx were not opened. The patient has not had a bad symptom, the wound on Wednesday night looked very healthy, and the patient could sleep for seven or eight hours continuously.—*British Medical Journal.*

How to Remove Small Foreign Bodies from the Eye.

The eye is frequently irritated by the entrance of bits of straw within the lids. If a grain of flaxseed be placed under the inferior eye-lid and the eye closed, it immediately becomes surrounded by a thick mucilage which entraps the foreign body, and soon carries it out from the angle of the eye.

CLASS-ROOM NOTES.

[FROM THE "COLLEGE AND CLINICAL RECORD."]

—To slight *erosions on the nipples*, Prof. Parvin applies tinct. benzoin.

—Prof. Bartholow says that the most effective treatment of *cholera* is by chloral. The effectiveness of this remedy is increased by combination with morphine.

—*To wash out the vagina* during pregnancy, Prof. Parvin recommends the use of a solution of borate of soda, ʒj to Oj.

—Prof. Da Costa placed *a choreic boy*, who was also decidedly *anæmic*, upon:—

℞ Tinct. ferri chlor..... gtt. x.
Arsenici chlor..... gr. 1-40
Syrupi simplicis.....
Aquæ.....āā... fʒ ij

M.—Sig. Ter die. The arsenic to be increased.

—To a *caput succedaneum*, Prof. Parvin advises the application of a solution of muriate of ammonium. Do not open it to let out the blood, but should pus form make a free incision.

—In *summer diarrhœa*, the following has been found useful:—

℞ Aquæ camphoræ..... fʒ iij
Tinct. lavand. comp..... fʒ j
Tinct. opii..... fʒ j–ʒij

M.—Sig. Teaspoonful every hour or two.

—*When a child is very feeble, etc.*, at birth, Prof. Parvin adds whisky to the water in which it is bathed.

—A case of aggravated *dyspepsia with constipation* was, by Prof. Da Costa, given:—

℞ Tinct. capsici..... gtt. j
Tinct. nucis vom..... gtt. vlij
Tinct. gent. comp..... fʒj

M.—Sig. Ter die. With gr. 1-5 aloin at bedtime, and avoid a starchy diet.

—A young girl, aged 15 years, was shown to the class by Prof. Parvin, complaining of severe *backache* and *constipation*. She menstruated once every two weeks—was given quinine, gr. v, daily, and arom. sulphuric acid, gtt. x, twice daily; bran, ʒ ss in water, at night, for bowels.

In the early stage of a case of *pneumonia*, Prof. Da Costa gave:—

℞ Tinct. verat. virid..... gtt. iij
Liquor, potass. citratis..... fʒ iij
Spirit. æth. nitrosi..... fʒ ss
Syrup. zingiberis.....ad... fʒ ss

M.—Sig. Every three hours.

—In *chlorosis*, the following has often been of avail:—

℞ Ferri sulphat. exsic..... ℈ ij
Quininæ sulph..... ℈ j
Strychninæ sulph..... gr. ss

M.—Ft. pil. No. xx. Sig. One pill, three times a day—(BARTHOLOW.)

—In a case of *locomotor ataxia*, where the patient had been pretty thoroughly saturated with silver, Prof. Da Costa, to tone up the system, gave:—

℞ Syrup. hypophosphit..... fʒ j
Strychninæ..... gr. 1-60

M.—Sig. Ter die.

—Prof. Bartholow says that for *hæmoptysis* "ipecacuanha is a remarkable physiological remedy." In a case at the clinic it was given in combination, as follows:—

℞ Ext. ipecac. fluidi.....
Ext. ergot. fluidi..... .....āā... gtt. v

M.—Sig. At a dose.

—In cases of *leucorrhœa*, associated with granular vaginitis, Prof. Parvin uses for the latter condition nitrate of silver combined with a tampon saturated with ʒj each of alum and bismuth. The tampon to remain twenty-four hours. For simple cases of *leucorrhœa*, he uses an injection of chlorate of potassium, ʒj to Oj.

—The following combination, of Prof. Bartholow's for *asthmatic attacks*, has been found very useful:—

℞ Ext. grindeliæ fluid..... fʒ ss
Ext. lobeliæ fluid..... fʒ ij
Ext. belladon. fluid..... fʒ j
Potassii iodidi..... ʒ iij
Glycerini..... fʒ iij

M.—Sig. Tablespoonful as required.

—Prof. Parvin placed a woman with *uterine fibroid*, upon the following:—

℞ Ergotin..... gr. j
Ferri sulph. exsic..... gr. j

M.—Ft. pil. No. 1. Sig. Ter die. persistently used.

For the accompanying hemorrhages a tampon saturated with tinct. iodine or Monsell's solution.

—Prof. Da Costa placed a man with *acute dysentery* upon a diet of arrrow-root, cornstarch and broth; an opium suppos., gr. j, morning and nighs, to which was added rest and—

℞ Plumbi acetat..... gr. ij
Ipecacuanhæ..... gr. ¼
Pulv. opii..... gr. ¼

M.—Sig. Give every two hours until blood disappears, then lengthen the intervals.

—A boy, æt. 18, a painter, was the subject of *lead poisoning*. Had great pain at defecation, etc. Was given, by Prof. Da Costa:—

℞ Ext. belladon..... gr. ⅛
Rhei..... gr. ij

M.—Ft. pil. Sig. One morning and evening.

Also—

℞ Potassii iodidi..... gr. x

Sig.—Ter die, until line on gums disappear.

Treatment for Diarrhœa.

Dr. Simon (Paris) advises one or two drops of laudanum in a little starch as an injection for infantile diarrhœa, especially in that form accompanying fevers, and when the discharge is copious. Internally, he gives about two drops of solution of perchloride of iron in water, every two or three hours. He considers that the iron acts not only as a hæmostatic, but it also appears to fortify the child against the debilitating influence of the disease. He has used it successfully in the diarrhœa of typhoid fever.

For Pruritus.

Professor Hardy, of Paris, extols an ointment consisting of ten parts of naphthol and one hundred parts of vaseline, in the treatment of obstinate pruritus.

Purgative Suppository.

Trousseau recommended one drachm each of butter of cocoa and chloride of sodium, as a purgative suppository for infants and young children.

New Antipyretics.

Thalline, the new antipyretic, has been found to cause extensive destruction of the red corpuscles of the blood, rendering it an objectionable reducer of temperature. Resorcin and antipyrine are quite as efficient as thalline, and, moreover, have no deleterious action on the blood, acting solely on the centres of calorification.

Uses of Phosphate of Lime.

The internal administration of phosphate of lime is beneficial in the anæmia of lactation, rickets, Pott's disease, albuminuria and fractures.

Cure for Hydrocele.

Dr. Mehling, of Geneva, suggests incision as a novel means of cure in congenital, encysted and diffused hydrocele of the spermatic cord, testicle or herneal sac. He considers it preferable to injections of iodine, and perfectly safe when accompanied by careful antiseptic precautions. Ether or chloroform inhalations are here unnecessary, but ether spray may be employed, should the patient desire it.

The Best Astringent for the Urinary Tract.

Gallic acid is probably the best hæmostatic in bleeding from the kidneys, bladder or urethra. It should be given at frequent intervals, in doses of about ten grains, and is best taken in water.

Reaction of the Secretions of Females.

Vaginal mucus is slightly acid in the normal state, and tends to become more so as the system becomes debilitated. This does not apply to the secretion from the glands of Bartholini, which is alkaline. The whole female organism has, essentially, a tendency to more acidity than that of the male.—Dr. Meneire.

A Race Against Poison.

Mr. F. L. Dover, a farmer, residing about three miles southwest of Helena, Ark., took a dose of morphine, thinking at the time that it was quinine. He did not discover his mistake until the deadly drug began to be absorbed into his system, and his horror was increased when he realized that he would have to ride three miles on a slow mule before medical assistance could be received.

It was only a few moments after the discovery had been made that he was on his mule and madly riding toward town, and every minute the terrible drug throwing its meshes around him and benumbing his senses. Within a half mile of town he was unable to use his arms to whip the mule, which reduced its pace to a slow walk. Mr. Dover, riding through the streets apparently unconcerned, did not attract any attention. He managed to get to the store of Mr. T. W. Keese, Jr., and informed him of his condition.

Medical aid was immediately summoned, and every antidote known to the profession was applied, and he is now in a fair way of recovery. He had swallowed over four grains of morphine, which remained in his stomach fully two hours before antidotes were applied. —*Globe Democrat.*

Salubrity of Pine Forests.

The healthfulness and immunity from diseases enjoyed by inhabitants of the neighborhood of pine forests is largely due to the continual presence of peroxide of hydrogen in the air. These districts have also been noticed to have a remarkably beneficial effect on the voice.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Generally it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Morphia in the First Stage of Labor.

Editor MEDICAL WORLD:

I have been reading THE MEDICAL WORLD with very great interest. The plain, familiar talk upon medical topics is most comforting and restful after the visionary theorizing of our more pretentious journals. The correspondence upon morphine during the first stage of labor recalls my experience upon this point. While practicing in Michigan, and sometimes attending several cases of labor almost at the same time, I would postpone one by a full dose of morphine hypodermically administered, while I accelerated another by appropriate measures, thus not infrequently gratifying the demands of my patrons by attending them, while otherwise I should have had to refuse, or failed to be present at both. However, I not infrequently follow the suggestion of Playfair and give fifteen grains of hydrate of chloral at intervals of twenty minutes, much to the relief of my patient, inducing laxity of the parts, thus removing one factor in the slow progress, which more than compensates for the slight effect the chloral has upon the continuance of pain. J. H. L.

CHICAGO, Ill.

Morphine in the Early Stage of Labor.

Editor MEDICAL WORLD:

In commenting on an article on "Morphine in the First Stage of Labor," published in the August number of your journal, you say: "When we give a full dose of morphia in early or threatened labor, we leave the patient and return to our other duties, leaving instructions with the family to send for us again when necessary. Under these circumstances it is frequently several days or a week before labor is resumed." My experience of twenty years in the practice of medicine has been different from yours. I am well satisfied that opium possesses the power of relaxing the circular fibres of the os, and at the same time stimulating the longitudinal and oblique fibres into active contraction. How it has this power I cannot explain. True, opium will sometimes have an anodyne effect upon the uterus, and quiet contractions; but my experience has been that it is only in cases of so-called *false pains*. I am fully pursuaded that opium given to a woman after physiological labor has commenced can neither arrest nor retard it. I have frequently been called to cases in which the pains were severe and recurred with regularity for several hours without inducing much dilation, and after giving one-fourth of a grain of morphia hypodermically, or one-third or one-half grain by the mouth, in a short time the pains would be less sharp and distressing, the os uteri would dilate rapidly, and in a few hours the child would be born. To dilate a rigid os in the first stage of labor I consider morphia preferable to chloroform, chloral, tartar emetic, venesection, or anything else. In physiological labor it meets those indications: firstly, it relaxes the circular fibres of the os; secondly, it stimulates into action the longitudinal and oblique fibres; thirdly, it exerts a special hemostatic action. Its value in after-pains is partly due to the property it possesses of stimulating into action the longitudinal and oblique fibres and expelling the clots from the womb. In the first stage of labor, when protracted, we have in morphia a time-saver and pain-reliever, if we will only make use of it.

ALBERT G. CRAIG.

VEVAY, Indiana.

Hydrate of Chlorine in Asthma.

Editor MEDICAL WORLD:

The results following the administration of chloral in some acute asthmatic attacks under my care may be worth noting. Some eight or ten years ago, a married lady of about 25 years came under my observation, while suffering severely from acute asthma. She had been subject to like attacks since childhood; had been treated by several physicians, some of one school and some of another, and taken an extensive round of patent asthma cures at one and another times, all to very little benefit. The attacks were frequent, always severe, prolonged for several days, and never much mitigated by any of the measures tried for relief. My success in prescribing for her was no greater, for a time, than that of all other doctors; but as I had in some other instances seen excellent results from the continued use of the iodide of potassinm in stiff doses, there was a hope of benefitting this case by the use of that drug. It failed; so also did other plans of treatment tried. The patient had no confidence in anything that could be done for her, and was inclined to let the attacks subside of themselves.

When one gets balked in his efforts on a case

of this sort, it sometimes pays to cogitate over it from the stand-point of its pathology. The very satisfactory success finally arrived at in this instance was the outcome of a cogitation in this direction, and not of an empirical prescription. By many of the "lights" in the profession, the spasmodic factor in asthma is put entirely to one side in the consideration of its pathology; it is considered as a catarrh, or as founded upon a catarrh, or as originated by a catarrh, or as growing out of that condition. This is a mistake. There is a possible distinction between catarrhal asthma and asthmatic catarrh; from one point the asthma may be considered as growing out of the catarrhal condition, and from the other point the catarrh may be supposed to be a result of the asthmatic condition. This may be finely drawn; nevertheless there is something in it worth thinking about. Looking at your case from one point here noted, you are logically led to treat the catarrh as a species of inflammation, and perhaps as a specifi species, by demulcents, depletants, expectorants, etc.; looking at it from the other point, you are as logically led to treat it as a spasmodic manifestation, of a specific character, which had precedence of the catarrh in point of time, and was not dependant upon it, though usually accompanied therewith; and the particular call seems to be for anti-spasmodics. Putting this consideration into use, and noting that the hydrate of chloral is a potent remedy in many forms of neuralgic and spasmodic troubles, it was tried in the case spoken of. The result was quite beyond expectation. Fifteen-grain doses once in four hours subdued the attack inside of twenty-four hours, and in three days the trouble had entirely cleared. The patient was kept for a few days on ten-grain doses three times a day, and, what is really the most remarkable point in the case, she has not from that time on had a single attack from her old enemy, though continuing to live in exactly the same environments as theretofore.

With reference to this last feature: It is known to many practitioners of long experience, that it sometimes happens to asthmatics to be rid quite unaccountably of this old trouble; the disease either suddenly leaves, or, in other words, doesn't return any more. This come, about quite independently of any medications or any other kind of treatment, or any change of outside conditions. It is one of the phenonoma beyond satisfactory explanation. If one has been dosing or has been making any other special effort against the asthma, and the trouble disappears, he is more likely to think that it has been *gotten rid of* than that it *has left*, when, as a fact, instead of having been beaten out it has quietly retired of its own accord. Considering this (and it is a matter the intelligent practitioner should never lose sight of in weighing the effects of medication) it is pertinent to ask,—in relation to the case herein spoken of—was it caused by the chloral? So far as the effects upon the immediate attack was concerned, I have no hesitation in saying that it was; if there was any misgiving in the matter at first, that was entirely banished by the results following the same treatment in several other cases subsequently under care. In no instance, among several cases of asthma for which I have prescribed the chloral in the past eight years, has it failed to produce happy effects, though not in all cases has it acted so eminently satisfactory as in the one spoken of. It would be a mistake to suppose that any drug we have will prove absolutely a specific in this distressing complaint; but I am certain that no other kind of treatment has been so satisfactory in my experience as that by the use of chloral.

As to breaking off the recurrence of the attacks—the abolition of the disease—there is more uncertainty. In the case of the lady spoken of, I know that whereas before, for many years, she had had several attacks of it every few months, and had come to consider it as a fixity, she has not since that chloral-dosing, had a single return of the trouble. There is, therefore, that much of reason to suppose that the effect of the drug went much beyond the time being. In other cases treated, though there has been no after results quite so marked, there has been very much modification of all subsequent attacks, even when the chloral has not been used in them. This inclines me to think that there is something of what may reasonably be called lasting result, though my observations in this direction have not gone so far as could be wished. I propose further cultivation in that direction.

In the treatment of my asthma cases, I have used the chloral quite alone. The effects have been so good as to leave combinations undesired. Whether or not, as in some cures, the addition of more especially acute-catarrhal remedies, such as antimony and lobelia, might be advantageous, I have not tried to determine.

RUFUS W. GRISWOLD, M. D.
ROCKY HILL, Conn.

An Explanation and Some Criticism.

Editor MEDICAL WORLD:

Hold, my dear Doctor, I did not say that my case of cirrhosis was quickly cured. The gentleman was under treatment two years or more,

and he still has a "hob-nailed" liver, but in enjoyment of the best of health. I desired to show that calomel, even in massive doses, would not kill; that is all.

As to whisky being a stimulant, I suppose it depends on how a fellow is constructed. It seems clear to my mind that there are about seventy thousand human beings *refrigerated* to death by it annually in these United States.

Cheerfully accepting your suggestion, here goes for cholera morbus and dysentery, both prevailing to an alarming extent here now. Of thirteen cases of the former treated during this week, all children from two to six years of age, two have died. I treat them as follows: First a hot alkaline mustard bath, and internally the following:

Take of—

Lactopeptine	gr. 10
Sub-nit. of bismuth	gr. 40
Sulphate of morphine	gr. 2
Carbolic acid	drops 60
Glycerine	oz. 4

Mix.—Dose, teaspoonful, as required. Increase or decrease dose according to age.

When the circulation is fully restored, alternate with minute doses of calomel. The mixture is a reliable remedy in all manner of diarrhœa. Care must be taken that the skin is kept warm, and if there is great prostration some suitable stimulant must be given.

I would suggest to Dr. Flora S. Russell that the cold douche is *par excellence* in many hysterical conditions. I had an ugly looking case not long ago; two men were required to hold her in bed. I had her placed on the floor, clothing removed, and dashed two buckets of ice cold water, letting it strike the whole length of her person. She came around all right in a few moments and remains so. Dr. Leonhardt lives too far off for my patrons ever to know whether he approves or not my treatment in pneumonitis. And to H. P. Chase, for his relief, let me say that about twelve years ago I lost five cases of pneumonia in the space of ten days, all adults at that, right in the same community. Dr. Taliferio asks me to say that our light is not hid; nor do we prescribe until we get the symptoms. Dr. Rothrock is eminently correct in his treatment of malarial hematuria. I would add creosote to his armamentarium, but no use; they all get well. Right, Dr. Heath, there can be no such thing as "typho-malarial" fever distinct from our recognized fevers. I. R. S. drives the centre in simple malaria. I demur only to that half pint of whisky. I wonder who could have told Dr. Davis and his committee of the American Medical Association, that we, the allopaths, were the "regulars." While we believe ours to be the best (I will not say mode) system for the relief of the sick, certainly, as individuals, we are as inharmonious a lot as any other pathy.

I am using Dr. Palmer's "cough mixture" in a case of phthsisis with much benefit. I cannot see why physicians want formulæ of patent nostrums published. As for myself, I never prescribe them.

J. M. GRIFFIN, M. D.

ABBOTT, Texas.

[It is not supposed that physicians will prescribe patent nostrums. It is well to know what they contain, however. They can be combatted better with the aid of knowledge of their composition.—ED.]

Hemorrhagic Malarial Fever.

Editor MEDICAL WORLD:

It seems that the clinical experience of bedside observers in this portion of Texas differs as much as regards malarial fevers—especially hemorrhagic malarial fever—as it did in pneumonia. I speak particularly in reference to Dr. Rothrock's experience in hemorrhagic malarial fever. The Doctor recognizes quinine as a remedy for all malarial diseases except the one mentioned above. Well, as we differed on the treatment of pneumonia, so we differ on the treatment of hemorrhagic malarial fever, because I recognize this disease as being a pernicious form of malarial disease, impressing itself more forcibly upon the blood and vasomotor system of nerves. More pernicious than congestive fever with the addition of hematuria. When I say more pernicious I mean more hurtful or dangerous to life; for in malarial hematuria, hemorrhage into the stroma of the kidneys—the malpigian tufts and the uriniferous tubules—arrests urinary secretion, and thus death occurs in this disease. I consider hemorrhagic malarial fever in the same light as to etiology as I do intermittent and remittent fevers, and hence the treatment in a measure—looking to the cause—should be quite similar. Bemiss includes congestive fever and hemorrhagic malarial fever under the general term of pernicious malarial fever, and says the treatment of hemorrhagic malarial fevers should be: first, to secure *cinchonism as early as possible;* second, to arrest extravasation of blood; third, to sustain the patient's strength and to preserve the systemic fluids at as near a healthy standard as may be possible. This I have tried to do in every case I have seen. I will give my experience, together with my father's, and I think his will at least compare favorably with those who have not used quinine.

I will first refer to my own cases. I have treated but nine cases of hemorrhagic malarial fever. I lost five out of the nine. They died generally from suppression of urine with apparent ursemia. I gave quinine freely both per orem and hypodermically. I nourished my patients freely, and for the symptom of hematuria I exhibited fluid extract of ergot, gallic acid and tincture of iron, generally alternating the iron with the first named drugs. I used also sinapisms and hot poultices applied to the abdomen, and occasionally cupped the loins with dry cups. I have tried minute doses of calomel on the tongue, to allay the intense nausea, but with little appreciable results. I have tried hypodermic injections of morphia, have given carbolic acid, creosote, bismuth, oxalate of cerium, hyposulphite of sodium, cold and hot water and then failed. I found that I could do more with full doses of morphia, hypodermically administered, and large doses of quinine given per rectum, than with any other plan I have tried; and, in trying to combat this fell destroyer in this portion of the country, we resort and have resorted to every conceivable plan of treatment, both rational and experimental, some physicians claiming that they can cure the disease without quinine, but the most observers, both in Texas and Louisiana, including the lamented Bemiss, of New Orleans, believe that quinine is the *sine qua non*, so far as the malarial element is concerned. My father's cases were forty-eight in number, with about eight deaths. I am inclined to think that some of his cases at least were paroxysmal hematuria, and not genuine hemorrhagic malarial fever, although a majority of them were undoubted cases of hemorrhagic malarial fever. I nursed several of his cases, when a student under him, and know his treatment well. He used quinine in liberal doses, not waiting for the action of any purgative which may have been given. Looking upon the disease as primarily malarial, he gave its antidote—quinine. He generally gave grain doses of calomel every hour or two, with minute doses of morphia and quinine, either by enema or hypodermically. His treatment was such as I enumerated when I spoke of my own, for I have followed him pretty closely, with the exception of turpentine, which he gave in fifteen-drop doses every two or three hours until the kidneys acted, or until there was some reason to discontinue its use. To resume, I would heartily recommend Prof. Bemiss' plan, as well as the one above referred to.

First, secure cinchonism as early as possible; second, arrest extravasation of blood; third, sustain the patient's strength, and preserve the systemic fluids at as near a healthy standard as may be possible. I have said nothing about uva ursa, buchu, and such worthless diuretics, for I have no faith in them.

J. WEBB DOUGLAS, M. D.

PALESTINE, Texas.

For Diarrhœa During Dentition.

Editor MEDICAL WORLD:

I send you the following prescription for diarrhœa during dentition. The child's second summer with many, is a critical period of existence. Whether the actions be chylous or mucous, or whether there be hepatic derangement, it seems to meet every indication and has been quite successful in my hands.

℞ Plumbi acetat..... gr. x
Cret. prep..... ʒ ss
Hydrarg. chlor. mit..... gr. v
Pulv. Dov..... gr. x

M.—Ft. pulv. et. chart. x. One every two or four hours.

This prescription might seem uncientific owing to the incompatibility between calomel and lead. Be that as it may, if new compounds are formed by the interchange of elements, I know the combination to be harmless, and it results in great good.

GEORGE W. BOWLEN, M.D.

BARNESVILLE, Md.

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:

Thanking you for the many good things published in your journal since I have been a subscriber, I would like to ask the opinion of yourself or readers in the following:

For four or five years I have had a small excrescence on the upper lip, near the wing of the nose. It has been the color of the surrounding flesh and entirely free from pain. About one year since it began to enlarge, and formed a dry crust, or scab, which becomes detached and falls off about once in ten days; it often gets rubbed off while asleep, bleeds a small amount, is tender for a few hours but gives me no pain. Until about one year since it was about the eighth of an inch in diameter; at this time it is something over half an inch. I would be very glad if you would give me a diagnosis—if it is possible from this meagre description—and also suggest something with which it can be removed. You will probably say the knife, but this would be objectionable as I have little confidence in the surgical skill of my professional neighbors, and my health and business precludes the possibility of me leaving home.

I have avoided expressing any opinion, fearing that a mistaken diagnosis on my part might *possibly* mislead you. I ought to have said that healthy pus often collects under this crust, or scab. CONSTANT READER.
FLORIDA.

[The long continuance of the trouble, with its slow but steady growth, suggests malignancy. If this diagnosis is correct, or even probable, removal without delay is the proper treatment. If the knife is objected to, use the elastic ligature. If this cannot be done, use one of the destructive escharotics, as Vienna paste.—ED.]

Vaginal Injections After Labor.

Editor MEDICAL WORLD:

I notice under the heading of "Progress in Obstetrics," in the August WORLD the following comments by the editor:

"Vaginal injections after normal labor have been abandoned in most of the institutions in Germany," and you say: "This is a most commendable step, as it allows nature to proceed in her own way, which is always not only safe, but infinitely preferable in all natural cases." Now Mr. Editor, I have been in the practice of medicine and surgery for a few months over 38 years, and have delivered I know not how many women, but they can be numbered by the thousands (and I will here say I have never lost a mother in delivery or after, and have never had a case of puerperal fever follow), and I have never failed to wash out my parturient patient, commencing the day after and continuing the same until the fifth and sometimes the eighth day. I have attributed my success to this safe mode of treatment. It cannot possibly do harm, and does often do great good in destroying all septic matter. I have the nurse take about one and one-half quart of teped water and add to this, carbolic acid one drachm. Mix well. Seat the patient over a bed vessel, let the patient use the vaginal end of the syringe, moving it around, and the nurse ply the pump part; this do every day. I do certainly have a good name in obstetrical practice; there are at present seven cases residing, with one exception, within four blocks from my office awaiting confinement, two of which have come sixty and one seventy-five miles for me to deliver. In fact, my dear Editor, I have a great deal of this kind of practice to attend to. I know not why, unless it is attributed to this fact alone, that I have never lost a mother in labor. When I survey what I have just written it looks so much like bragadocio that I feel more like throwing it into the waste basket than to see it in print. But every physician is good for something, and obstetrics is my most successful field of labor.

F. A. JOHNSTON, M. D.

PORTLAND, Oregon, 155 South First street.

An Undeveloped Head.

Editor MEDICAL WORLD:

M. B., aged 18 years, presents the singular appearance of a tolerable well-developed woman with a child's head. Her parents say that when she was three years old she had chronic chills. Without medical advice they gave her large doses of quinine, and continued these doses through many weeks, being "determined to break up the chills," but without any good results. She ultimately wore them out. They say that her head, after a year's suffering, "has grown scarcely any since." Her body has developed rapidly. At times she has been subject to fits of insanity, lasting a few hours only. In the summer of 1884 she became a raving maniac, and I was called to see her and learned, during the visit, what is stated above. I treated her with bromide of potash and hyoscyamus. She recovered her normal condition in a few days. Notwithstanding her small head she has learned her letters and can read simple reading. My suspicions lead me to ask the question: *Does the excessive use of quinine in childhood retard the development of the brain?* In this case it could not have been the want of food, as the family are good livers, and the other children are well-developed. Can any of the readers of THE WORLD throw light on the case, or are there any parallel cases known to the profession?

Since the above was written a medical student says he thinks that in his travels in June, he found two similar cases resulting from the use of enormous quantities of quinine.

E. L. PERKINS, M. D.

NEWPORT, N. C., August 1st, 1885.

Phenomenal Restoration of Sight. How Did it Happen?

Editor MEDICAL WORLD:

Two weeks ago to-day, while on a visit to Dallas, I met an old gentleman between sixty and seventy years of age, who was on a visit there from Michigan. He had a pterygium on the right eye extending partially across the pupil, affecting the sight considerably. I performed Szokalski's operation, *i. e*, needles and thread—with the aid of cocaine—for its removal and left him with the assurance that in about four days the threads would slough off and leave his eye quite clear of the film. It seems

he had an affection of the left eye also, but did not mention it at the time of my visit. At the end of the following week I received a note from his son, stating that within the time mentioned, the threads came away from the eye, followed by a great improvement in the sight of that eye. Now here comes the phenomenal part of the business, upon which I would like to have, through your columns, the opinion of the profession, as I believe nothing of the kind has ever happened before. While a little boy, an injury occurred to the left eye, which has been of little or no use to him since, as what sight he did have in that eye was of such a nature as to cause him to step very high as though he was all the time ascending an abrupt elevation. After the threads came away from the right eye, all at once the old gentleman discovered that he could see all right out of the other eye, which had played him false for sixty years. He can now shut his right eye and walk better without a cane than he could before, with the combined aid of his cane and the good eye. These are all the particulars I have received. They ask for an explanation. I answer in brief that the lens was dislocated in the left eye and remained in that condition these many—sixty—years, either through direct or sympathetic causes, producing the required amount of tension to keep it there, all of which was relieved by removing the pterygium from the other eye.

MARSHALL B. KETCHUM, M. D.

PALO PINTO, Texas, July 25, 1885.

Remarks.

Editor MEDICAL WORLD:

Such articles as Dr. Griffin's are of value, only as milestones showing how far the profession has progressed since the treatment he describes was in vogue. The treatment of pneumonia varies *greatly*. In the aged, or the very feeble, cases will occasionally terminate fatally under any treatment. Yet ordinarily the tendency is towards recovery. Experiments in English hospitals have demonstrated that the disease will terminate favorably under good nursing, without medication. I have seen or heard the "new way," mentioned by Dr. F. A. Johnson, recommended in cases where it would be *uterly impossible* to deliver the fœtus without extensive laceration of the perineum, but not in any other cases. I should expect that this female obstetrician and abortionist, that the Doctor speaks of, would sometime meet with a case where the perineum did not heal kindly, and she might have a case of malpractice to defend. The last eight lines of the Doctor's article have the true ring, and my only regret is that we do not find it so. In Dr. Divelbiss' case I would suggest gelseminum.

S. S. SMITH, M. D.

CHARLOTTE, N. Y.

Reports of Results, etc.

Editor MEDICAL WORLD:

I take this method of acknowledging my gratitude to Dr. Geo. F. Waters of Boston, Mass., for his opinion in the case of a young man under my care, who injured his shoulder by striking a piece of steel, as reported by myself on page 138, April number of THE MEDICAL WORLD. He diagnosed dislocation of a nerve of the shoulder, to which opinion I afterward arrived on closer examination. I have used a flesh brush and electricity, alternately; the case is nearly recovered, and will entirely recover.

Dr. S. J. Murray recommended electricity in my case, which I used with happy results. The case referred to annoyed me not a little, as it was the first and only case of the kind I ever saw.

I think Dr. J. G. Atkinson, in July number of WORLD, was a little rough on Dr. Charles Bruil, in his criticisms of the Doctor's treatment of his case of placenta previa. Perhaps if Dr. Bruil had the experience of Dr. Atkinson in such cases, he would have done differently and perhaps would have lost his case too.

Dr. Atkinson intimates that the tampon was the proper thing to be used in Dr. Bruil's case. Well, I do not understand, Doctor, how you could use a tampon in such a case with any benefit whatever. Such a thing would be in my way. Stop up the whole thing and await results? For while that tampon is there I cannot see what can be done, only to wait. To do such a thing would be fatal to your case.

Doctor A. says that he would have ruptured the membranes and let the head descend. Of course, that is just the right thing to be done. The dilatation could be done with one or more fingers, or with any kind of a dilator; when done, take away the placenta as rapidly as you can, and let the presenting part take its place. I will agree with Dr. Atkinson, that the ergot business was at least premature in Dr. Bruil's case. After dilatation had occured, and placenta and fœtus were well down in the pelvic cavity, and pains lagging, it would have been admissible. In such cases our work should be quick and to the point, as time is precious. That doctors B and U gave too much medicine in the case admits of no doubt. I would advise them to see plain indications before giving.

We may all rest assured that the next case of

placenta previa that falls into Dr. Bruil's hands he will certainly manage well. In all cases of placenta previa, we should dilate the os uteri as soon as possible, if not already dilated, extract the placenta and let the head of the fœtus come down, and deliver at once. That is, or was, Dr. Simpson's rule, and is a good one.

J. M. MOSENA, M. D.

SALMON CITY, Idaho Territory.

[Doctor, how do you *know* that a nerve was dislocated in your case? The proper treatment for any dislocation is restoration to the normal position and rest, with judicious passive motion. Is it not more reasonable to suppose that the conducting power of the nerve or nerves was injured by the shock? And that this function has been restored by the electricity, massage, use of flesh-brush, etc.?"

The "tampon" treatment of placenta previa was originated, if we remember correctly, by the late Prof. Mears, of Indianapolis, and it has many warm advocates. It is as follows: As soon as the lying-in room is reached, if hemorrhage be present (and it generally is), the vagina should be filled with a firm tampon. This arrests the bleeding, but does not stop the labor. Now patiently await results. The tampon will be expelled, closely followed by the placenta and fœtus.—ED.]

How can our Patients be Better Nursed?

Editor MEDICAL WORLD:

Efficient nurses, next to good physicians, are necessary to successfully combat disease. They have responsibilities and duties which must be faithfully performed, as the life of a patient, in a great measure, is as dependent upon good nursing as upon medical skill. Apparently, only physicians appreciate this fact, when it should be universally understood; and, as all are concerned, a more general interest should be manifested in the training of nurses, especially as it has never received in many sections of our country, that attention it deserves, nor effected those useful reforms of which it is capable.

Nursing, to some extent, is a natural gift; therefore, not every one is competent for that responsibility. Yet, with the proper training and application, unadapted persons can become highly proficient, and it would certainly prove much more satisfactory to employ them than the gifted, yet ignorant ones. While the general opinion that women make the more suitable nurses is true, still men are frequently found to be equally as gentle in their touch, quite as considerate, firm, and sympathetic as women; and, when well interested in the art, become most excellent nurses. They have the advantage of strength, firmness, endurance, and more desirable in particular cases. Here, then, is an encouraging opening for those of either sex suited to the calling. And, even aside from the professional aspect of the question, if *some member of every family* would obtain the requisite information, hygiene would in a measure be understood, diseases prevented, and when sickness occurs, the intelligent help given would alone compensate for the application required.

The competent assistance rendered to the physician in the care of the sick is inadequate, and not in proportion to the therapeutic results demanded of him. How few there are who are able to give even a sponge-bath without endangering the patient's life? Or change his sheets without greatly disturbing him? Such matters, trifling as they may seem, are of much importance, and yet they are constantly improperly performed in the sick-room, as every physician in active practice can testify.

The question I wish to raise is this: If the practitioner's greatest trouble is in having his patients intelligently nursed—and not all families even in large cities can afford to employ professional nurses—what plan can be adopted that will prove mutually beneficial to both patient and doctor?

Domestic training is the obvious recourse, if only those concerned can be brought to realize its importance and the benefits resulting therefrom. It is well known how much more pleasant it is when sick to have the kind administrations of some one of the household, rather than those of a stranger, who, though possessed of professional training, yet, in many instances, has not the refinement and other qualities of the relative, the latter being only deficient in that important requisite, which could be easily obtained, and that would make them the more preferable and suitable for so delicate a trust. The parental feeling, which some might urge against this plan, is no object, for if the member who undertakes to qualify for this duty is competent, then we need not fear that too much will be done on this account, or that anything that would conduce to the patient's welfare will be left undone. Ignorance should alarm us most—not affection—for nothing can justify that when its consequences are frequently so serious.

Virtually, some will ask, how can this information be obtained without regularly attending a training school? I would suggest that there are to-day throughout the country a multitude of self-educated persons successfully engaged in the various vocations; there are

numerous women throughout the country who have become quite expert in the culinary art from studying good cook-books; *others can qualify for this duty in a similar manner.* There are a number of good and inexpensive manuals on this subject, which are written in instructive and attractive style, that the family physician can, with confidence of doing considerable good, recommend to any who desire to qualify themselves for assisting in the sick-room. The Bellevue Hospital Training School Manual, and the Connecticut Training-School Hand-book are considered among the best; and if either of them were studied with the proper amount of care and application by any one sufficiently interested in the subject, it would prove the source from which much practical and intelligent information about nursing could be attained. There are other good works that some may prefer. In case of difficulty in the pursuit of their studies, I am sure I am not volunteering too much when I promise that you (the family physician) will cheerfully supply the necessary explanations.

Of course, it is only intended to instruct these individuals for the purpose of making them valuable assistants. I have too much respect for our profession to intrust the treatment of even the most common disease to half-instructed persons. This responsibility even the physician should assume with diffidence.

Probably some of your readers, after considering this subject, may suggest a more practical plan than I have; or, at least, one that will be found more satisfactory for their immediate localities. The object to be accomplished is certainly well worthy of a free and full exchange of opinions, and if I have succeeded in directing the attention of the profession to its importance, I will feel confident that good will result, and that I have attained the object for which this article is written. The subject, to my mind, more especially concerns the country practitioner. Doctor, what plan do *you* advocate?

WALTER B. REYNOLDS, M.D.
WASHINGTON, D. C.

Treatment of Acute Pneumonia.

Editor MEDICAL WORLD:

Hardly a medical journal can be found, no matter what season of the year it may be, but that we find one or more articles on the treatment of pneumonia. This is well. Pneumonia is one of those diseases that is common in almost all parts of the world. No doubt different localities, seasons and other surroundings develope different types, forms and characteristics of the disease. With its causes, history, symptoms, varieties, pathology, etc., we shall have nothing to do in this paper. Neither have we any excuse to make here for offering our ideas of the treatmant of this, ofttimes serious affection, based as they are upon a pretty large experience, covering a period of nearly a quarter of a century, both in military and civil life. The point I more particularly wish to emphasize on this occasion, is one that I seldom see mentioned in the articles of our current medical literature; and that is the *abortive treatment of this disease with the sulphate of quinine.* Reference, of course, is had to *acute* pneumonia.

The old antiphlogistic treatment with calomel, tartar-emetic, the lancet and other depressing measures, we long ago abandoned. The *ergot* treatment that we see so highly lauded by some of late, I have never tried; at the same time it looks quite reasonable. But to the point. Given, a case of common pneumonia, either double or single; called within twelve or twenty-four hours after the chill, or at any period before much exudation has taken place. We give the patient (if an adult), according to the amount of congestion, the amount of lung tissue involved, etc., anywhere from six to fifteen grains of quinine at once. If much pain is complained of, I combine with this first dose from one-half to one grain of svapnia; but if no idiosyncrasy exists, I prefer one-fourth to one-half grain of sulphate of morphia instead of the svapnia. I expect by this proceedure that, within two hours, my patient's skin will be moist, congestion lessened, breathing much easier, and temperature lower; and if I have ever failed in these expectations in any single case, I cannot now recall the time. I repeat the quinine in varied doses from five to ten grains every two to four hours; in other words, I am guided in the quantity and frequency of the dose by the effect produced. Sometimes, not often, I find it necessary to repeat the opiate to quiet the pain. Occasionally a case will not respond with moisture of the surface as freely as I would like, to relieve the internal organs; in such cases I give the fluid extract of jaborandi in fifteen to thirty drop doses, either with, or alternately with, the quinia. I continue this antipyretic use of the quinine until I have given sixty or seventy grains. As a rule, I am decidedly inclined to the larger doses less often given, than to small doses often used. In *all* cases I make sure to get down not less than forty to sixty grains of quinine inside of twelve to twenty-four hours, according to the urgency of the symptoms. Some one may ask, what about the head symptoms that you are liable to produce by this way of doing? *Pay no sort of attention to them at all;* let 'er buzz. I was

born and raised and educated in a country where quinine was a necessity to almost every one's existence; I have given it freely all of my professional life, and taken it myself more or less all my life, and I have yet to see or know of the first case where quinine did any one any permanent injury in any way; rather, I am perfectly satisfied that there is no *one* remedy in the whole materia medica that has saved so many lives, or is as applicable to so many pathological conditions, when intelligently administered, as the sulphate of quinine. But to return. In nine-tenths of *all* cases of acute pneumonia, treated as I have said, inside of twelve or twenty-four hours the disease is *arrested, aborted,* and convalescence begins; that is, we have a *decided* reduction of the temperature; a very marked lessening of the frequency of the pulse-beat; a much more nearly natural respiration; a mild, ofttimes a decided diaphoresis; in fact *all* the signs of the pulmonary engorgement and inflammation are completely and effectually controlled. The balance of the treatment is simple; if bowels are sluggish, a mercurial followed by a saline will be well; if there be much tendency to cough and expectoration, a mild anodyne expectorant should be given. I desire to add in this connection that my experience and observation in acute pneumonia has been *very* large; more so perhaps than the majority of practitioners, and I here state that it is my firm conviction, in fact I *know* it, that where this plan of treatment is *thoroughly* and *persistently* carried out, I have never been disappointed in a single case. Again, I most emphatically declare, that *I know* that quinine *will abort* acute pneumonia.

If called to a case later in the disease, or if hepatization has begun, or the lung is wholly hepatized, and dyspnœa be present, in fact no matter what stage of the disease I find the patient, I *pursue exactly the same course of treatment as far as the quinine is concerned,* using opiates, if at all, with much greater caution, and the results following are *always* the same as in the earlier stages, with this difference: that they are a little slower in making their appearance. The greater the amount of structural change that has taken place, the longer will be the time required before the lung can be restored to its normal condition. In *all* cases, then, of acute pneumonia, this is the plan of treatment to be pursued; the earlier it is commenced the sooner can it be arrested; but when later begun the disease is *materially shortened,* and its course so *very* favorably modified in all ways that it becomes less dangerous and much more satisfactory to all concerned.

Another beauty of this plan is, if we should fail to secure the results as I have tried to describe them, *which I never have,* we can rest assured that our treatment has been *harmless;* that we have done nothing to weaken, nothing to break down, nothing to regret and nothing that can in any way interfere with any other method of treatment. The antipyretic treatment of acute pneumonia with quinine is the better way. ELMORE PALMER, M. D.

BOULDER, Col., July, 1885.

Ballooning of the Vagina.

Editor MEDICAL WORLD:

I would say to Dr. Hicks, of Flushing, N. Y., that not very long ago I met with a case similar to those he describes in April WORLD, which astonished me at the time very much. The pregnancy was about four months advanced, but the symptoms indicated that the fœtus had been dead about two months. There having been slight hemorrhage and pain for several days, I introduced my finger, but could find nothing satisfactory, the os tincæ being almost inaccessible. I had scarcely withdrawn my hand when a terriffic gush of blood came, which produced nausea, blindness, and almost syncope. When these had been relieved I examined again, and discovered the condition of vagina described by Dr. Hicks. At first I thought the distension was produced by clots, but it was not very full of them, and remained distended when I had emptied them out. Hardly had I finished before there was another gush of blood, but not so profuse as before. Fearing to examine any more, I waited an hour or two, and tamponed the vagina, at which time it was normal. I could find none of the relics of the conception, but was told next day that some shreds of membrane had been found—the only evidence that abortion had occurred, as there was no further trouble.

J. GRAMMER, M. D.

HALIFAX C. H., Va.

A Shocking Child-Bed Chamber.

Editor MEDICAL WORLD:

As I wish to impress a lesson on the youthful practitioner who may read this item, I have permitted my pen to head this article as above.

And so it was to me, at least. I had been educated by a hard "old-school calomel-and-jalap" doctor; I had the hard old-school diploma; and had had twelve years of regular "the medical profession" practice, when Dr. John Smith-two-hundredth-trituration-M. D., called on me and said: "Mrs. Clara Money-Bags, wife of General Rifled-Gun-Shot, of the United States Army, expects to be con-

fined in a day or two; I cannot allow her to be in any peril, and have concluded to ask you to be counsel in the case, if your exclusive New York State code will permit you to consult with us practitioners, as highly educated as yourselves."

As some of us had then determined to break down "The Code" in this State, as we have since done to the disgust of the American Association, I consented to be counsel.

The beautiful woman laid in her splendid mansion, and in a very exhausted state; the child was born; the lady lying composed, but as I thought, in a dangerous state. I suggested brandy. Dr. Two-hundredth-trituration shook his head, but did not whisper even. I suggested hot water, ergot and other expedients. He replied in the lowest audible whisper, "meddlesome midwifery."

I examined the vagina and uterus for hemorrhage; there was none. He then smoothed the clothes about the mother's person, aided by the experienced nurse, took a spoon and counted ten drops of the first decimal dilution of ergot, and, without a word presented it to her lips in a spoonful of water. She swallowed it with unmoved head. He motioned silence to the nurse, and motioned the husband out of the room; he whispered "quiet, sleep, now," and we too left the room. The room was so still that the breathing of the nurse was audible.

We descended the stairs to the parlor, where the two-hundredth-dilution doctor said: "All is right; I shall give her the purest ice-water, have perfect stillness, rest and recovery."

Away had gone brandy, bandage and all else that had kept me so busy as a fussing old-school doctor.

There was to be no food administered for thirty hours except a tablespoonful of milk in a little water; no morphine, no hypodermics; nothing but stillness, rest, cheerfulness, hope, peacefulness!—these so marked that the very walls of the house were participants in the wonderful spell of quietude.

We called the next day at ten A. M. The woman smiled, was stronger and wonderfully better, and recovered, by water, perfectly pure milk and water, care, and not a two-hundredth, or eight-hundredth dilution, nor a sugar pellet.

All I can say is, I was "shocked" that a feeble, thread-like pulse, and exhaustion to incipient death, needed only silence, rest, and cheerfulness to recover. Certainly she had not that pale, ghastly, sweating, brandy-and-whisky countenance that we all see on the sick bed; nor the nausea of the morphine and hypodermic syringe; nor the ghastly effects of cathartics; nor any puerperal fever; no anything, but a splendid getting along and recovery.

And this we call "irregular," "ignorance," "unskilled practice," not to be countenanced nor to be met in consultation by *us medical gentlemen*.

It has, at least, this lesson: that the medical profession is advancing to the medical truths; that neither in health nor in sickness is alcohol of the least use whatsoever; that the sooner we abandon alcoholic preparations of all kinds, the better; that we often injure, by opiates, the natural rest that would, under proper conditions, be better than all we could do by morphine; that our medicines are often useless; that we can implicitly trust nature and had better do it far more than we are accustomed to do; that the shock of child-birth, fractures, railway and runaway vehicle accidents are better treated by quietude and milk and water than by stimulants and medicines; that, even if we ignore and despise the homœopathist, they are in many cases educated and skillful men, and have demonstrated ably some of the finest methods of management of the last fifteen years; that "The Code," as it is called, in the end must go, and all educated practitioners be treated as gentlemen, equal to us who are of the regular and older school.

I never expect to be a homœopathist, but I will not blind my eyes to anything that is good in itself. This "shocking child-bed" and its singularly happy result in bounding health without a mishap, has saved myself and my patients very much "meddlesome midwifery," as well as much morphine, quinine, and the use of my hypodermic syringe in cases of shock, depression, and accidents.

S. J. PARKER, M. D.

ITHACA, N. Y.

And Still She Improves.

Editor MEDICAL WORLD:

The case that I reported in the May number of THE MEDICAL WORLD, to my astonishment is improving fast. Her eye-sight returned to her on April 28th. I feel thankful to Dr. G. A. Harman for the ideas that he advanced in regard to my patient, but I differ with him as I have with those who have attended her. The tumor at left of sternum, with several smaller ones, suppurated and passed off by the rectum. At the time of passing it caused apnœa, which I found very hard to relieve. She is able, at the present writing, to sit up in bed and knit a part of her time, but she complains yet of considerable pain in her breast and the top of her head; appetite good at present. I will omit my treatment unless called on to give the same.

Brother S. B. Divelbiss has my sympathy for his painful accident and neuralgia of the stomach. I have frequently had the latter, and the following is my treatment for it, also for cramp and bilious colic:

Take of—

Chloroform	drops	20
Laudanum	"	15
Oil of cloves	"	5
Peppermint	"	3
Cinnamon	"	5
Spts. of camphor	"	5

Mix.—To be taken at one dose, and repeated as needed.

This preparation should be carried by all country M.D.'s.

The MEDICAL WORLD is worth $5 a year.

W. A. EVANS, M.D.

WILEY'S COVE, Ark.

A Case of Puerperal Eclampsia.

Editor MEDICAL WORLD:

I have recently attended a case of peculiar phenomena which I desire to report in your excellent journal and invite comments from the medical brethren upon it. I will give a synopsis of the case, also the management, as far as my memory serves me:

On the 24th of March, 1885, I was hastily summoned to attend a lady, aet 14,(?)in her first confinement. I arrived at the place at eight o'clock, P. M., and learned that another physician had been sent for, but the emergency demanded prompt and immediate action. I learned that she had been in labor since early morning in charge of a midwife, who informed me that at two o'clock P. M. she commenced having convulsions, which continued at intervals until I arrived; so there was no time to wait for consultation, and I proceeded to work.

On examination, I found the head impacted in the inferior strait. There being no obstacle to the passage, and as the woman was exhausted, I gave thirty drops of the fluid extract of ergot, and applied the forceps. By the time I had my forceps adjusted the pains came on, and with gentle traction during the acme of pain, in about thirty minutes I delivered the patient of a large male child, which was somewhat asphyxiated, but friction and the bath soon resuscitated it and it is doing well. To resume: the patient, when I found her, was unconscious and I learned had been so since four o'clock P. M., with convulsions now and again. She had a convulsion during the thirty minutes spoken of in delivery, which I controlled with inhalations of chloroform.

After completion of the second stage she became quiet, though still unconscious, and remained so about twenty minutes when she was again seized with convulsions; then I gave a drachm of the fluid-extract of ergot and applied abdominal expression, and in ten or fifteen minutes I effected a delivery of the placenta. Now, having completed the third stage of labor, I turned my attention to the treatment of the convulsions; first I gave thirty grains of bromide of potash and fifteen grains of chloral, which set the patient at rest in a short time.

It was now about eleven o'clock; the other physician had arrived, and the case seemed to present a favorable aspect, we both thought; but, to our chagrin, about one o'clock she was again seized with convulsions. We controlled the paroxysms with chloroform and performed venesection, after which she again became quiet. About two o'clock she had another convulsion; chloroform and venesection repeated, and we administered the chloral and bromide again. She became quiet and went to sleep and remained easy, except at short intervals, until morning, when she began to grow restless. Then enemata were given and the bladder emptied. I left the patient in charge of my colleague until evening. When I returned he had gone leaving a note that she had remained extremely restless until his departure, and had one convulsion, and he had administered morphia repeatedly without any quieting effect.

So I thought perhaps the restlessness was in part due to the exciting effect of the morphia, and I gave a teacupful of strong coffee, and a half drachm of fluid-extract of ergot. In a short time the patient was quiet and went to sleep. I continued the bromide and the expectant treatment until Friday (27th) when the other doctor again relieved me until Saturday morning (28th). When I returned the doctor had gone, leaving a note stating the patient had passed a restless night and gave a most unfavorable prognosis, and withdrew from the case.

Now, under the circumstances, anything but flattering, I adopted the following treatment: first, I applied a blister to nape of neck, then gave five grains of calomel with ten of jalap, followed in eight hours with a dose of oil which produced a copious evacuation about eight o'clock, Saturday night. I, at the same time, thinned out the hair, elevated the head and applied cold applications continuously, and gave every four hours twenty grains of bromide of potash and five grains of the iodide in a teaspoonful of whisky and water, together with nourishment freely exhibited. On Sunday morning patient seemed better. I relieved the bladder this morning with catheter. Patient rested well until noon, when she began to grow restless. I continued the bromide and iodide and Sunday evening she became very restless.

I gave Dover's powder every three hours until twelve o'clock, when she went to sleep, after dressing the blister, which I omitted to state had been withdrawn after remaining on eight hours. About two o'clock she roused up, became very restless, moaning loudly; I then administered an injection of morphia and atropia, which produced a happy effect.

I had been with the patient now from Saturday morning until Monday morning (March 30th) when she had a voluntary evacuation from the bowels and bladder, with symptoms of returning consciousness, for the first time during the attack. I left this morning ordering a continuance of the bromide and iodide and whisky with two grains of quinine every three hours. I returned in the evening of same day and found the patient much improved in both body and mind; continued the last-named treatment together with nourishment freely exhibited. Friday (April 3rd) found her still improving; she sat up a little this day; I now gave her syrup of iodide of iron, thirty drops, three times a day. On Sunday (12th) her husband reported the case as still improving, mind normal, able to be up most of the time, baby doing well, learning to nurse and everything progressing nicely.

I omitted to give temperature and pulse during the attack; but, in a word, the temperature did not exceed 102° Fah., nor pulse 120; the pulse ranged from one hundred to this point. At my last visit on Friday, however, the temperature was 103, pulse 100. Now, the query: What caused the eclampsia? Was it embolism? That is my opinion. Let us hear from the readers of the WORLD. J. F. GARDNER, M.D.

BLOOMERY, Hampshire County, W. Va.

[Embolism would have produced apoplexy or some sort of paralysis, as hemiplegia.—ED.]

Resuscitation of Still-born Children.

Editor MEDICAL WORLD:

A correspondent asks concerning the responsibility for the death of the child in prolapsed funis. My opinion is that if the practitioner arrives so late that the head or other presenting part cannot be returned to the uterus, he has no responsibility whatever, except to do all he can to resuscitate the cyanosed and apparently dead child after birth. My fifth or sixth case, when a young man, was a footling, with prolapsed cord; I got a forked stick and pushed the cord up high in the uterus; but the cord became strangulated as the head passed. I had the child put in a pan of warm water while I delivered the placenta. Then I alternatly inflated the lungs and compressed the chest, working over the child nearly an hour; but no response from the heart. Then I put it again for ten minutes into water so hot as to be uncomfortable to my hands. Still no response of life. So I wrapped it close in a thick woolen shawl and laid it aside as dead. A short time after I heard a cry from that quarter of the room, and upon opening the shawl I found the "little varmint" kicking and crying vociferously. She is now a grown woman and the mother of several children. True feminine perversity is rarely displayed so early in life. When I tried to coax her to live, not a single movement could be induced; but when I wrapped her in a shawl and laid her aside as dead, she began kicking and crying.

The late experiments in resuscitation should make the practitioner persevere long in these cases. The cord in a still-born child should be tied a good distance from the body, so that the blood may be pressed into the child, fill its heart, and thus excite its action. If the heart of a still-born child, or of a drowned or otherwise asphyxiated person, can be filled with blood, the patient can be saved. When a still-born child cannot be resuscitated by ordinary means, warm water may be injected into the artery of the cord by means of a syringe. Inject a half ounce of fluid at frequent intervals until the heart acts. I have resuscitated children in this way, once after the child had been laid out in its shroud. It is said that twelve hours after the death of the mother, the child, cut out of the uterus, may be restored.

ITHACA, N. Y. S. J. PARKER, M. D.

SEND $1.00 for "The Official Formulæ of American Hospitals." Just out. See other pages.

Some Working Formulæ.

Every physician who has gone his daily rounds for a score of years has found by experimental tests some few formulæ to which he pins his faith in a good many cases.

The few formulæ I send have each of them proved of great value to me, several of them having been employed for more than twenty years. In this country, where myalgia, neuralgia, etc., are so frequently met, the class of remedies, as formulæ Nos. 1 and 6 are indispensable. No. 4—the fluid extract of wahoo—has proved with me, after very frequent use of it for twelve years past, a bronchial attenuant far superior to anything of the class.

No. 1. For muscular rheumatism, unattended by inflammation or sthenic condition, and neuralgia, not accompanied by violent pain, the following has been employed by me for twenty-five years past with fewer failures in result than any other means:

℞ Tinct. guiac. ammon .....
Tinct. cimicifuga racemosa .....
Vin. colchici.....
Tinct. gelsemium, (or tr. poke root)
.....āā... ℥ j

M.—Sig. A teaspoonful in a wine-glass of well sweetened water at each meal-time until the bowels are purged; after they become settled, use as at first.

No. 2. For swelled testicles, as of the kind occurring in connection with gonorrhœa:

Take of—

Fl. ext. belladonna.....	oz.	1
Fl. ext. arnica.....	oz.	2
Fl. ext. opium.....	oz.	1½
Water.....to make one pint...		

Mix.—Apply on soft flannel, old linen, or muslin cloths, wrung out of hot water, till the pupils respond to the belladonna thoroughly.

No 3. Emulsion cod-liver oil:

Take of—

Best spirit whisky or brandy.....		
Glycerine.....of each...	oz.	4
Cod-liver oil.....	oz.	6
Mucilage acacia (heavy).....	oz.	2
Oil of cinnamon.....		
Oil of nutmeg.....of each...	drops	30

Mix.—Tablespoonful three to five times daily.

No. 4. Expectorant:

Take of—

Fl. ext. wahoo.....	dr.	6
Bicarb. potass.....	dr.	2½
Morphia sulph.....	gr.	3
Fl. ext. ipecac.....	drops	40–60
Fl. ext. squill.....	dr.	1½
Syr. tolu.....to make six ounces...		

Mix.—Sig. Teaspoonful every two or three hours.

No. 5. For later stage of cough when fever has subsided, and no glazed condition or redness of tongue:

Take of—

Fl. ext. wahoo.....	dr.	6
Spts. nitre.....	oz.	1
Fl. ext. senega.....	dr.	1
Sulph. morphine.....	gr.	3
Syr. tolu.....to make six ounces...		

Mix.

No. 6. For chronic or persistent ague:

Take of—

Arsenious acid.....	gr.	2
Strychina sulph.....	gr.	2
Sulph. quinine.....	dr.	1
Quevenne's iron.....	dr.	1
Ext. gentian.....	gr.	20

Mix.—Make forty pills. Sig.—One three times daily after eating.

The same formula with the strychnia and arsenic in from 1-20 to 1-30 of a grain, as needed, has been used for many years past as the most reliable remedy in chorea. Same mode of administering.—L. L. Todd, M. D., Indianapolis, Ind., in *Medical Summary*.

Malaria in Children.

The peculiarities of malaria in children are thus summed up by Dr. J. P. Kingsley, in the St. Louis *Courier of Medicine:*

The absence of the chill and sweating stage; the slight periodic fever, which may be detected by the thermometer only; the frequent or periodic pains in the head or epigastric region; indigestion accompanied with nausea, vomiting or diarrhœa; the frequent accompaniment of tonsillitis, pharyngitis or bronchitis; the periodicity of the coughing spells, which occur most frequently at night; the necessity of examining the spleen by palpation and percussion and of administering quinine to confirm diagnosis in doubtful cases.

For cholera infantum Dr. J. Lewis Smith recommends:

℞ Tinct. opii.	gtt.	xvj
Spt. ammon. aromat.....	℥	ss to j
Bismuth subnitrat.....	℥	ij
Syr. simplicis.....	℥	ss
Mistur. cretæ.....	℥	jss

M.—Sig. One teaspoonful every two or three hours to a child of eight to twelve months, until vomiting and diarrhœa are controlled.

—*N. E. Medical Monthly.*

Fifteen grains of muriate of cocaine in one ounce of vaseline forms an excellent dressing for burns and scalds; and the same salt in a fifty-per-cent. solution, is serviceable in many minor surgical operations, as pleurotomy, tracheotomy and phymosis.—Dujardin Beaumetz.

Cracked and excoriated nipples are rapidly relieved by compresses of boric acid and distilled water, ninety grains to six ounces. Evaporation should be avoided by the application of oil-silk or gutta percha tissue over the dressing. A bandage should be placed over all.—*Paris Medical.*

Back Numbers.

Fortunately a bundle of February numbers have been found in an obscure corner. Those lacking this number can now obtain it. It is *impossible* to supply January, April and July numbers.

Four cases of cholera, one of which proved fatal, are said to have occurred on board a British steamer while undergoing quarantine at Mers-el Kebir.

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Please inform me through the columns of your journal what the formula for "Liquor Carbonis Detergens" is, and where it can be procured. Also the formula for "Rumex Ointment," and oblige.

SUBSCRIBER.

RENFREW, Pa.

We found considerable inquiry and correspondence necessary to obtain the composition of the first named article. We acknowledge the following from Messrs. W. T. Baker & Co., chemists, corner Twelfth and Chestnut streets, this city:

C. F. TAYLOR, M. D.,
Editor MEDICAL WORLD:
Baker Building, Philada.

Dear Sir:—In reply to inquiry relating to "Liquor Carbonis Detergens" we beg leave to present to your readers the formula as used in our laboratory:

Liquor Carbonis Detergens.

℞ Quillaya saponaria	lbs.	4
Spirits vini rectificatus (65 per ct.)	gallons	2
Macerate and filter—		
Tincture, (as above)	parts	100
Coal tar	"	50

M.—After eight days, filter.

Used externally in skin diseases.

We manufacture this article, together with many others, for the trade.

Yours truly,
W. T. BAKER & Co.

A prominent authority on skin diseases informs us that this preparation was originally made in London, and that there are several formulæ. The following formula, which he gives, is substantially the same as the one given above.

Take of—

Tincture of quillaia	pints	1
Coal tar	"	½

Digest for eight days and filter.

The tincture of quillaia should be made by digesting for eight days two ounces of soap-bark in one pint of alcohol.

THE formulæ for "cuticura" resolvent, soap and salve are again asked for. Who can supply them?

Editor MEDICAL WORLD

Will you please insert in your September number the formula of Green's August Flower and oblige a subscriber, who is highly pleased with your MEDICAL WORLD?

W. R. LANCE.

SOUTH WOODBURY, Vt.

[See another column.—ED].

Editor MEDICAL WORLD:

Will you please publish the formula for Dr. H. F. Perry's "Dead Shot Vermifuge?" Also for Dr. D. Jayne's Expectorant? Will you please give, through the columns of THE WORLD, the best treatment for anchylosed patella? Is it curable? Will forcible extension under full sway of chloroform be advisable?

What is the best treatment for sunken or inverted nipple?

[The formula for Jayne's Expectorant will be republished soon; the other one we are not able to give. The other questions are open to discussion by our readers.—ED.]

THE formula for Wolcott's "Pain Paint" is asked for by Dr. Killough, of Brooklyn, Missouri.

Editor MEDICAL WORLD:

Can any of the readers of your valuable journal give the formula for the "St. Louis Chill Pill," prepared by H. J. Luytie of St. Louis? F.

MINNEAPOLIS, Kan.

Editor MEDICAL WORLD:

Please state where pyridine and antipyrin can be procured.

[Messrs. Lutz & Movius, 15 Warren street, New York city are the sole agents in this country for antipyrin. (See adv. page xiii). This firm may be able to supply pyridine.—ED.]

FORMULÆ.

Angostura Bitters.

Take of—

Angostura bark	oz.	4
Chamomile flowers	oz.	1
Cardamon seeds	oz.	½
Cinnamon bark	oz.	½
Orange peel	oz.	1
Raisins	lb.	1
Proof spirits	gal.	2½

Macerate for a month, press and filter.

In Threatened Abortion.

℞ Tinct. aconiti.....
Tinct. belladonnæ.....āā... f℥ ij
Aquæ rosæ..... f℥ iv

M.—Sig. Two teaspoonfuls to be rubbed over the sacrum, groins, etc., when occasion requires.

—Dr. R. Eades.

To Relieve the Violent Pains of Lead Colic.

℞ Aluminis..... ℥ ij
Acid. sulph. dil..... ℥ j
Syr. limonis..... ℥ j
Aquæ..... ℥ iij

M.—Sig. A tablespoonful every hour or two.

—Bartholow.

Pill for Syphilis.

In the treatment of syphilis, the following pill renders excellent service:

℞ Hydrargyri bicyanidi..... gr. j
Quiniæ sulphatis..... gr. xx
Ext. gentianæ comp..... gr. xxx

M.—Sig. Divide into 20 pills, one to be taken two or three times a day.

This is professor Berkeley Hill's formula.

Tonic.

Take of—

Powdered coca-leaves..... dr. ½
White sugar..... gr. 15

Mix—Take three or four times daily.

Stimulant.

Take of—

Powdered coca leaves.....gr. 105
White sugar.....gr. 15

Mix.—Take twice a day.

—Dr. Feigneaux, Paris.

Beef, Iron and Wine.

Take of—

Extract of beef..... oz. 1
Citrate of iron and ammonia..... dr. 4
Orange flower water..... oz. 2
Sherry wine..... oz. 14

Mix beef and wine together and stir well. The citrate of iron and ammonia must be dissolved in hot water, about one ounce. Add all the above ingredients and filter.

—*Kilner's Modern Pharmacy.*

Bitter Diuretic Wine.

The Charity Hospital has the following formula:

Take of—

Gray cinchona bark..... oz. 2
Winter's bark..... oz. 2
Lemon peel..... oz. 2
Swallow-wort root..... oz. ½
Angelica root..... oz. ½
Wormwood leaves..... oz. 1
Squills..... oz. ¼
Sweet balm leaves..... oz. 1
Juniper berries..... oz. ½
Mace..... oz. ½
Alcohol, of 60°..... oz. 7
White wine.....cong... 1

Macerate ten days, express and filter. Dose, from 1½ to 3 fluid-ounces, in chronic dropsy.

Lahache's formula is:

Take of—

Jalap..... dr. 2
Squills..... dr. 2
Nitrate of potassium..... dr. 4
White wine..... pint 1

Dose, three to four tablespoonfuls a day, in dropsy.

—*National Druggist.*

For Sexual Debility.

℞ Phosphori..... gr. j
Ext. nucis vomicæ..... gr. x
Ext. cannabis Indicæ..... gr. v

M.—Divide into 20 pills. Sig. One night and morning.

—L. Lewis M.D.

For Anæmic Neurasthenia.

℞ Ferri bromidi.....
Quiniæ hydrobromat.....āā... ℥ j
Ext. rhei..... q s

M.—Sig. Divide into 120 pills. Two pills three times daily

—Maximouritz.

In Bronchitis with Heart Disease.

℞ Pulv. ipecac. comp..... gr. xlv
Pulv. digitalis.....
Pulv. nucis vomicæ.....āā... gr. xxx

M.—Dissolve into fifteen powders. One powder three times a day, in weak tea, with a little whisky.

—Dr. Monin, Paris.

An Antiseptic Tooth-Wash.

℞ Sodæ boratis..... gr xv
Thymol..... gr. vij
Aq. dest..... ℥ xvj

Dissolve.

—Magitot.

Mixture for Dyspepsia.

(Used in St. Thomas' Hospital, London.)

Take of—

Bicarbonate of soda	gr.	10
Sulphate of magnesia	gr.	30
Essence of peppermint	minims	10
Compound infusion of gentian	oz.	1

Mix.—Take this quantity three times daily.

Diaphoretic Mixture.

(Used in British Skin Hospital.)

Take of—

Ipecacuanha wine	minims	5
Spirit of nitrous ether	"	30
Solution of acetate of ammonia	drs.	2
Water	oz.	1

Mix.—For one dose.

Compound Mixture of Ergot.

(Used in the Royal Chest Hospital, London.)

Take of—

Liquid extract of ergot	minims	15
Sulphate of magnesia	dr.	1
Gallic acid	grs.	10
Dilute sulphuric acid	minims	5
Water to make one ounce.		

Mix.—For one dose.

Pill of Tar.

(Used in Consumption Hospital, London.)

Take of—

Tar	gr.	2
Magnesia	sufficient quantity...	

Mix.—Make one pill. Take two to four a day

Draught of Quinine and Iron.

(Used in St. Bartholomew's Hospital, London.)

Take of—

Sulphate of quinine	gr.	1
Sulphate of iron	gr.	½
Spirit chloroform	minims	10
Sulphuric mint draught...to make...	oz.	1

Mix.—For one dose. Take three times a day.

Podophyllum Pill.

(Used in University Hospital, London.)

Take of—

Resin podophyllum	gr.	¼
Barbadoes aloes	gr.	1
Extract belladonna	gr.	¼
Capsicum	gr.	½
Glycerine of tragacanth	sufficient quantity.	

Mix—Make one pill.

Thymol Vapor.

(Used in Throat Hospital, London.)

Take of—

Thymol	gr.	20
Rectified spirits	dr.	3
Light carbonate of magnesia	gr.	10
Water...to make...	oz.	3

Mix.—A teaspoonful in twenty ounces of water at 140 degrees for each inhalation.

A strong stimulant and disinfectant, used in pharyngitis and laryngitis, when associated with exanthemata.

Gingerbread Purgative.

Take of—

Flour	oz.	14
Butter	oz.	4
Treacle	oz.	8
P. ginger	oz.	1¼
Jalap	oz.	2
Caraway	oz.	½

Mix the powders, then add the butter, and lastly the treacle, previously warmed. Roll out and divide into cakes of ¼ oz. each, containing six or seven grains of jalap.

A Good Chlorodyne.

Take of—

Morphia hydrochlorate	parts	2
Tinct. of peppermint	"	1
Tinct. of capsicum	"	1
Ether	"	2
Chloroform	"	10
Hydrocyanic acid, diluted	"	114
Fluid extract licorice	"	30
Molasses	"	1790
Water	"	50
	Total parts	2000

Mix.

This is an excellent imitation of Browne's Chlorodyne.

Anti-Constipation Pad.

Take of—

Mandrake root	oz.	3
Aloes (powdered)	oz.	½
Ex. colocynth comp. (powder)	oz.	½
Croton oil	dr.	1
Oil of sassafras	dr.	1
Black root	oz.	½
Ladies' slipper	oz.	½

Mix.—Wear pad directly below pit of the stomach.

An Expectorant in Bronchitis.

℞	Antim. tart	gr.	j
	Potass. nitrat	ʒ	ij
	Mist. amygdalæ	f ʒ	xij
	Tinct. camphoræ comp	f ʒ	ss

M.—Sig. A large spoonful every hour.

—Dr. Graves.

Alterative Mixture.

(Used in the Royal Free Hospital, London.)

Take of—

Iodide of potassium	grains	5
Solution of potash	minims	10
Infusion of quassia	ounce	1

Mix.—For one dose.

Skendall's Spavin Cure.

Editor MEDICAL WORLD:

In the July number of the WORLD Dr. J. A. Kelly asks for the formula of "Kendall's Spavin Cure." I have used Kendall's Spavin Cure with unsatisfactory results. I will give the Doctor a formula far superior to Kendall's. It cured my horse of a growing spavin when all other so-called spavin cures failed. Here it is:

Take of—

Oil of wormseed		
Oil of origanum		
Oil of spike		
British oil		
Oil of turpentine		
Tinct. iodine	of each...	oz. 1
Gum camphor		oz. 2
Tinct. cantharides		oz. ½
Olive oil		oz. 1½

Alcohol, sufficient to dissolve the camphor.

Mix.—To be used twice a day. If it blisters stop its use for a few days.

FREEDOM PLAINS, N. Y. A. F. FINK.

Green's August Flower.

A few months ago a subscriber asked for the formula of Green's August Flower. C. M. Shafer, Ph. G., gives it in *New Remedies* as follows:

Take of—

Rhubarb	360	grains.
Golden seal	90	"
Cape aloes	16	"
Peppermint leaves	120	"
Capsicum	5	"
Sugar	½	pound.
Alcohol	3	ounces.
Water	10	drachms.

Mix the water and alcohol, and macerate the drugs in this; filter, and add sufficient dilute alcohol to make a pint; then dissolve the sugar.

BOOKS, PAMPHLETS, ETC.

OFFICIAL FORMULÆ OF AMERICAN HOSPITALS.—Published by THE MEDICAL WORLD. Price $1.

The Editor of THE MEDICAL WORLD hopes that he has rendered a service to the profession by collecting and presenting the accumulated experience of our hospitals.

"TREATMENT OF ZYMOTIC DISEASES by Syrups and Subcutaneous Injections of Declat's Pure Nascent Phenic Acid, and Topical Treatment by Declat's Glyco Phenique." Pages 64. The Declat Manufacturing Co., 81 Warren street, New York, Publishers.

A copy of this manual will be mailed by the publishers to any physician who will send name and address on a postal card, mentioning THE MEDICAL WORLD.

"THE PHYSICIANS' MAGAZINE."

This is a new quarterly, published by Messrs. Foote & Swift, 1539 Chestnut St., Philadelphia. Subscription price $1 per annum; single copies 30 cents.

This Magazine is made up of only the best articles from the best men in the profession. Illustrations (of the best quality) are introduced when necessary to elucidate the text. The list of contributors and the articles announced for future numbers, show this to be a publication of the very highest order, and we hope that the efforts of the publishers to furnish the very best thoughts will be appreciated by the profession. The illustrated article on active and passive inhalations, by Dr. Ephraim Cutter, of New York, in the present number, is well worth the subscription price. "Ammonia Treatment of Typhoid Fever," by Dr. S. K. Jackson, of Norfolk, Va., is an interesting and valuable article. We will anxiously await succeeding numbers.

"THE PEOPLE'S HEALTH JOURNAL."—Edited by S. D. ROGERS, A. M., M. D., and S. IDA WRIGHT ROGERS, M. D., 441 Dearborn Ave., Chicago, Ill. Monthly; price $1 per year; single copies 10 cents.

This is a new health journal for popular reading. It is elegantly gotten up, and the reading matter is bright, pointed and interesting. It is well worth its price to any one, and would do much good in any family.

J. W. GEDNEY, Esq., of New York City, writes: "Since I have been advertising it THE MEDICAL WORLD I get numerous replies from almost everywhere."

SPECIAL.

Subscribers, do not fail to read advertising pages xix to xxvi.

IN order to make the profession more intimately acquainted with a really valuable preparation Messrs. Thos. Leming & Co., 18 College place, New York City, have decided to send samples of Nestle's Milk Food gratis to physicians upon request. Always mention THE MEDICAL WORLD.

SEND to C. N. Crittenton, 115 Fulton St., New York city, for information concerning Colden's Liquid Beef Tonic, and a sample of the same. It is a good thing. Mention WORLD.

IT is claimed that Lactated Food is a perfect

food for infants. A regular package for trial will be mailed free to readers of THE MEDICAL WORLD. Address Wells & Richardson Co., Burlington, Vt.

USE Anderson's Vaginal Capsules. See adv.

USE Cutter's inhaler; only $1. Prescribe it for your patients. It is the simplest, most durable, and cheapest.

IN writing to Messrs. Parke, Davis & Co., for literature, samples, etc., always mention THE MEDICAL WORLD. See their advertisement on the last page.

READ carefully advertisement of Hastings & Garson's Improved uterine supporter, *and prices*. Send for circulars giving fuller description, and mention WORLD.

BY addressing Messrs. Griffith & Co., 146 Second Avenue, New York city, you will receive, free of charge, a sample bottle of their excellent rheumatic preparation. See advertisement,

IN addition to Hydroleine, the well-known and efficient reconstructive agent, Messrs. William F. Kidder & Co., have placed two new preparations upon the market, viz: Wine of the Hypophosphites and "Digestylin." Do not delay becoming acquainted with them. Always mention WORLD.

TO physicians willing to pay express charges, Wm. Proctor, Jr. Co., corner Ninth and Lumbard streets, Philadelphia, will send large samples of syr. hypophos. comp. digestive wine, pepsin, etc., if this journal is mentioned.

TO readers of this journal a detailed list and samples of soft and hard capsules will be sent free. Physicians, please specify "Gedney's" when ordering or prescribing. Address, L. H. Gedney, 1714 First avenue, New York city.

READ carefully the advertisement of Bunn's Uterine Supporter, on advertisement page. It is claimed that it has never disappointed a single physician who has tried it. Send him $1.50 for one, and 14 cents for postage, and report to him result of its use.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcome by the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth street, New York City. The price is *very* reasonable. Send for descriptive circulars, and mention THE WORLD.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free, if you mention this journal.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

BE sure to send a postal card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent if the WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Milk. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm. R. Warner & Co., for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, adways mention THE MEDICAL WORLD. Notice the advertisement of hydrobromate of caffeine.

IT will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who are willing to pay express charges. Address the Rio Chemical Company, 218 N. Second street, St. Louis, Mo., and mention this journal.

If you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk, free if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co., on adv. page vi.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore, and get a physician's sample of Mineral Earth. Always mention THE WORLD.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into pratical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

NOTICE is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520-1522 Cheatnut Street,
PHILADELPHIA, PA

VOL. III. OCTOBER, 1885. NO. 10.

Grey Powder.

Hydrargyrum cum creta, or grey powder, is composed of three parts of mercury to five parts of prepared chalk (U. S. Pharm.), or, according to the British formula, one part of mercury to two parts of chalk. The most elegant mode of preparation, however, is by triturating one part of mercury (by weight) with one and a half parts of chalk and half a part of sugar of milk. Grey powder is an old-fashioned alterative and resolvent, possessing also purgative and tonic properties, according to the dose administered. As an alterative it increases and corrects nearly all the secretions, especially the saliva, bile and intestinal juices. It promotes absorption, and is in itself readily absorbed in all the tissues; and it retards the formation of morbid fluids. It is incompatible with sulphuric, phosphoric, nitric, muriatic and acetic acids, tannin, alum and acid salts. Many diseases and morbid conditions are materially benefitted by small repeated doses of this preparation, one grain often producing remarkable results when persevered with. In secondary syphilis, grain doses are highly useful, combined with a like amount of Dover's powder and a little sugar, and given three or four times a day; this method has the advantage of being usable for a long period without deleterious effects, and is little likely to give rise to salivation. It also makes an excellent pill with a grain each of sulphate of quinine and extract of gentian. In syphilitic tubercular disease and scrofula it is also serviceable. A couple of grains in a dessertspoonful of compound liquorice powder—"pulvis glycyrrhizæ comp." of the Prussian Pharmacopæia—given in milk, provides a laxative at once effectual and agreeable producing a copious bilious evacuation; this is especially useful in dyspepsia when there is constipation, foul tongue and a bad taste in the mouth. A sixth of a grain every hour, corrects the offensive liquid stools of young children, and the vomiting and greenish diarrhœa of infants at the breast. The same small dose is often efficacious in cholera infantum. The light-colored stools of adults also regain their normal tint under the administration of repeated grain doses.

Grey powder is a useful agent in the treatment of "jaundice," tonsillitis, the sore throat of scarlet fever, parotitis, orchitis, and coryza. In tonsillitis its action sometimes appears magical. Possibly it would prove serviceable in cholera if taken in its early stage. We remember treating a case, many years ago, in which there were "rice-water" stools, deficiency of urine, low temperature, thirst, and commencing abdominal cramps; we gave grey powder and Dover's powder, a grain of each, every hour, and "limonade gazeuse" *ad libitum*. The latter is a French effervescent drink containing a small amount of sulphuric acid, and corresponding to sulphuric lemonade. (Dilute mineral acids favor the absorption of mercury.) This treatment was successful; and, as it occurred at Ostend (Belgium) at a time when the city was suffering from a visitation of cholera, the case was, to say the least, gravely

suspicious. Grey powder in small doses appears to act as a general tonic, and increases the bodily weight. In hypochondriasis and "lowness of spirits" it is very beneficial, apparently by giving a gentle "fillip" to the functions of the liver. Grey powder is partially dissolved by dilute acetic acid, acting on the chalk; and the use of pickles, salads and other condiments containing vinegar is contra-indicated during its administration.—L. L.

An Offer.---Embrace It.

New subscribers who send $2, $1 for subscription to WORLD and $1 for the book, "Official Formulæ of American Hospitals," will receive gratis, upon request, a copy of the chart "The Urine in Disease," the regular price of which is fifty cents. Better embrace this offer *now*, as it may not be repeated. It is put forward rather as an experiment.

The Current Medical Thought.

The Essence of Inflammation.

According to Cohnheim, the essence of inflammation is not to be found in either the dilatation of the vessels, in the increased rapidity of the flow of blood, or in the subsequent contraction of the vessels; but in some unexplained local change in the walls of the vessels of the part affected. What this change is he is unable to say, as he has not succeeded in discovering any structural alteration.

The Air we Breathe.

An adult inhales from fifteen to twenty cubic feet of air in an hour, and gives off from three-quarters to one cubic foot of carbonic acid. The watery vapor exhaled from the lungs and through the skin during the same period amounts to about two and a-half ounces, avoirdupois.

When air contains as little as from 5 to 7 per cent. of oxygen, or as much as from 10 to 12 per cent. of carbonic acid, it ceases to be respirable; carbonic acid ceases to be given off from the lungs, and death supervenes, from asphyxia.

To be wholesome, the air of a chamber should not contain more than six per cent. of carbonic acid.

To Relieve Ear-ache.

Four or five drops of chloroform placed on a piece of wool in the bowl of a pipe and blown into the meatus, will remove the pain of ear-ache.

For Aphthus Vulvitis.

The aphthus vulvitis of young children speedily yields to the application of iodoform, combined with the administration of appropriate tonics.

Night Air and How to Get It.

It is a common error to suppose that night air is unwholsome. Night air is good and as necessary as day air, and should be freely admitted into every bedroom. To avoid draughts, keep the door shut and the window open at the top. If wind or rain come in, raise the lower sash about six inches, and place under its entire length a board made to fit; this will separate the sashes at the middle, and allow *free* passage of air. Fire-places and chimneys should not be stuffed up as is often done, to the exclusion of fresh air. A fire in the room maintains thorough ventilation, especially when the window is open in the manner just described.

Membranous Croup.

Membranous croup can hardly be denominated a disease of itself; it is rather a condition which is the outcome of other diseases—diptheria, measles, pertuseis, scarlatina, typhoid and irritating inhalations. But whichever of these diseases may have originated it, the morbid anatomy, clinical history and required treatment are almost identical, excepting that croup from diptheria wants stimulating treatment, while the other forms will usually bear depletion.

Sea-Sickness.

Sea-sickness, in the main, is caused by the rapidly varying pressure of blood on the brain, due to the upward and downward motion of the ship. As the ship descends into the trough of a wave, the pressure increases; as she rises to its crest, the pressure diminishes, and nausea is the natural and ordinary consequence of a sudden rush of blood from the brain. While journeying around the world, Dr. Neuhaus ascertained, by personal observa-

tion and actual measurement, that when a ship is much tossed about, the livers of those of the passengers who have not got accustomed to the motion become effected in a very remarkable manner. This is in part due to the loss of liquid in the system; but in bad cases, where the patient lies all day long in an almost inert condition, suffering from acute headache, the affection assumes one of the lighter forms of blood-poisoning, from retention in the system of an element usually given off. Great relief may be obtained by lying on the side, with the head resting on the breast and the knees drawn up as near as possible to the chin. In this position the variation in the pressure of blood on the brain is reduced to a minimum, and the stomach and its nerves in a great measure are protected from the vibrations of the ship. Chloral-hydrate may also be used with advantage. It soothes the irritated brain and often enables the sufferer to obtain much-needed sleep. It should be given in doses of one gramme (fifteen grains), but only when the sickness has lasted three or four days; not before. Alcohol is worse than useless.

Differential Diagnosis of Syphilitic and Non-Syphilitic Bubo.

BUBO OF HARD CHANCRE.

1. A constant symptom.
2. Non-inflammatory.
3. Usually multi-glandular.
4. Rarely suppurates; resolves spontaneously.
5. Never secretes pus that would reproduce chancre.
6. Never becomes converted into glandular chancre.
7. Essentially mild and benign in character.

BUBO OF SOFT CHANCRE.

1. An occasional complication.
2. Inflammatory.
3. Affects only one gland.
4. Usually sulphurates, assuming the character of the chancrous bubo.
5. Secretes pus that would reproduce soft chancre.
6. Nearly always becomes converted into glandular chancre.
7. Always a serious complication.

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GLYCERINE, internally, is stated to be an effectual tænicide.

Physiology and Medicine.

Clinical medicine analyzes the facts of disease, differentiates them, and ascertains the characteristics of each form. Thus it finds a hot, dry skin, furred tongue, abnormal thirst, want of appetite and scanty urine, in a number of cases; but closer observation develops that these symptoms are accompanied by condensation of the lungs in some instances, in others by discharge from the nostrils, and in others by some affection of the respiratory organs which is communicated from one person to another. Thus these cases, all presenting symptoms of fever, are separated into pneumonia, catarrh and influenza. But the clinical physician cannot define this feverish state satisfactorily, nor explain why it it should accompany inflammation of the lungs or nasal mucous membrane on the one hand, or the presence of a specific blood poison on the other. 'Tis here the physiologist steps in and hunts for the cause of the hot skin, parched mouth and scanty urine; and the hot skin being the most constant symptom of fever, he directs his attention mostly to the elucidation of its cause, or its "raison d'etre."

In the animal body heat is produced exclusively by chemical change; but in fever the warming of the body is far too great to be accounted for by the mere accumulation of heat within it, or by lessening of the loss from it. The increased temperature, therefore, depends on increased oxidation; and this chemical action must take place in a considerable number of the tissues composing the body, as otherwise no change in them could have much effect on its temperature. Any agent capable of stimulating a great mass of living tissue to increased action, whether it originates in the nervous system, or circulates in the blood. can produce increased temperature, or fever. Thus, strychnia will cause fever by stimulating the muscles to increased action, through the agency of the nervous system. For example, very little increase of muscular action is sufficient to produce fever in a miner working in a hot shaft.

Nature of Fever.

Professor Nothnagel, at a meeting of the Society of Physicians of Vienna, declaimed against the prevalent abuse of treating every case of fever as soon as it is seen. According to his experience, and that of many others, fever, in a large number of cases, belongs to the most beneficial influences to those phenomena and processes of reaction which may be regarded as compensatory.

Woman's Burdens.

It is said that every farmer, on an average, wears out two and a half wives by excessive child-bearing, in addition to the usual laborious duties of a farmer's wife. This is doubtless much exaggerated; but it is true that city ladies suffer much more from "female" troubles than their rural sisters do.

"Putting Him Through His Paces."

MRS. MULVANEY (*the laundress*)—"Indade, ma'am, an' it's miserable I am. I'm but jist on me feet wid the pain in me back, and Jimmy he's as bad off; he has a cough on um that sounds loike an impty bar'l. *Cough for the lady*, Jimmy!"—*Bazaar*.

Baths of Permanganate of Potash.

Hüllman (*Arch f. Kinderhlkde*) recommends full baths of permanganate of potash, one gramme to a bucket of water, as very effective in scrofulous exanthema, in prurigo, eczema, and intertrigo; also in the stage of desquamation of measles and scarlatina to prevent contagion.

A Warning.

When the breath becomes ammoniacal during the progress of any disease of the urinary apparatus, it is a tolerably sure warning that uræmic poisoning and grave complications are at hand.

Is it Credible?

A German physician states that the liquor amnii of a German woman, whom he attended in her confinement, was redolent of the odors of tobacco juice. She worked in a cigar-making factory.

Peptones.

Peptones are white amorphous bodies, soluble in water and in dilute alcohol, uncoagulable by heat, and capable of absorption into the blood by transudation through the animal membranes. They are constituents of normal blood, being derived from the digestion of nitrogenous food. In neurasthenia, exhaustion from disease, brain affections, etc., there is gradual disappearance of peptones from the blood. In traumatic diseases, accompanied by pyæmia, or septicæmia, the rapid disappearance of peptones is a precursor of a fatal issue.

Antagonists.

Antimony, jaborandi and muscarin cause sweating of the skin; belladonna, hyoscyamus and stramonium dry it.

Rash Producers.

INTERNALLY.

Tar, Bromide of potasium	produce acne.
Chloral hydrate	produces erythema.
Copaiba, Cubebs, Salicylic acid	produce urticaria.
Arsenic,	produces eczema.
Belladonna, Hyoscyamus	produce scarlet papules.

EXTERNALLY

Croton oil, Antimony, Sulphur, Ipecacuanha	produce local eruptions.

For Mammary Abscess.

The leaves of the *Petroselinum sativum*, or common parsley, taken internally, are stated to resolve coagulation of milk in the breast, and to abort mammary abscess.

Salep.

Salep is made from the prepared tubers or roots of the *Orchis mores*, *Orchis mascula* and other orchideous plants, and may be bought in the form of powder. It is credited with nutritive and aphrodisiac powers. Its virtues in the latter capacity were highly extolled by the ancients, but to-day it is only valuable as a nutritive.

When Not to Drink.

Dr. Wm Richardson, of Sault de St. Marie, Mich., informs us that the Indian in the heated chase allows, if possible, the deer to drink water first; he then feels sure of his game. Glycerin has come into use among the Indians for allaying their thirst. They also assert that a hot drink does not depress the vital force.—*Medical Age*.

Cholera's Chosen Victims.

The chosen victims of a cholera epidemics are always those individuals who have suffered privations, those who have been addicted to excess of alcohol, and those who have been en-

feebled by previous disease. This state of debility possibly explains the absence or modification of certain of the prominent phenomena, notably of cramp; but the initial symptoms, the progress, duration, cyanosis, etc., remain the same as in cases of a more robust type.

Cocaine for Hay Fever.

Dr. John Watson, of the Westminister Hospital, London, reports that he completely cured himself of hay fever by the local use of cocaine, inserted in the form of a tablet in each nostril. He had tried all the usual so-called remedies in vain, and states that the smoking of tobacco intensified the sneezing, etc. Dr. W. L. Paget (*Brit. Med. Journal*) has also produced gratifying results by the application of a four-per-cent. solution to the interior of the nostrils, by means of cotton. A single application produced permanent relief. He believes that cocaine will become the remedy "par excellence" in hay fever.

[The admixture of crushed coca leaves with tobacco, in equal proportions, smoked in the form of a cigarette, and occasionally ejecting the smoke through the nostrils, relieves the distressing symptoms of hay fever in the same way as the application of cocaine; and moreover, to an habitual smoker this treatment is agreeable as well as useful. If tobacco is objected to, mullein leaves may be substituted.—L. L.]

Treatment of Intestinal Obstruction.

1. In chronic cases—that is, where obstruction is the prominent symptom—medical treatment, such as injection, belladonna, massage, galvanism, etc., will often relieve or cure; or colotomy or laparotomy, or some other operation, will be so plainly indicated as to leave no doubt as to what should be done.

2. In acute symptoms supervening on chronic, medical treatment—for example, starvation, rest, and opium—may still often bring about a cure; but laparotomy, as a means of diagnosis, and possibly of treatment, may be demanded.

3. In initially acute cases, delay is often as dangerous as it would be to wait for an external hernia to reduce itself by its own efforts.

I believe that laparotomy (which in itself is not a dangerous operation) should be performed early—(*a*) as a means of making a diagnosis; (*b*) as a means of removing the cause of strangulation if such be discovered; (*c*) as a means of giving relief, if no cause can be found, by opening the bowel above the point of obstruction and carefully suturing it to the surface.—*Prof. Robson* (*Leeds.*)

Changes in the Jewish Race.

M. Blanchard has collated the following facts concerning the Jewish race, as the result of numerous observations and statistics taken in France and Germany.

1. Numerous infants are born without any prepuce.

2. "Flat-foot" is very commonly met with among them.

3. They are physically degenerating, and becoming more and more subject to tuberculosis, scrofula, hysteria, and grave neuroses, due, in a great measure, to their frequent marriages of consanguinity.

Myrtle for Leucorrhœa.

An ounce of the leaves of the common myrtle, boiled in a litre of water, and used as an injection, is often valuable in the treatment of leucorrhœal discharges. It is very fragrant and agreeable. The common myrtle was highly esteemed by the ancients, who dedicated it to Venus, and wreathed their bloodless victors with its leaves. The buds and unripe fruits were used as spices, and in the manufacture of a once celebrated perfume called "Eau des Anges" (angel water).

For Diphtheria and Croup.

Dr. Monin (Paris) recommends the internal administration of sulphide of calcium, in large doses, in the treatment of diphtheria and croup. He affirms that thirty or forty grains per diem are not productive of any inconvenience. He prescribes it in a mixture with powdered gum arabic, spirits of peppermint, simple syrup and water; and he paints the false membranes with a solution of perchloride of iron. When necessary, ipecacuanha is advised to procure emesis.

THE commissioners recently sent into the cholera infected districts of Spain, report that in all the villages they were able to visit, they found the same clinical characteristics of the disease; that in the towns supplied with water from springs and wells, cholera either did not prevail at all, or to a very limited extent, while in the towns supplied with water from streams the disease was very destructive, the water being contaminated by the clothes of cholera infected patients.—*Madrid Medical News.*

Action of Saline Cathartics.

The purgative action of sulphate of magnesia is materially increased by its administration

in large quantities of water. The more concentrated the solution the less active will be the purgation. If water be withheld from the diet for a day or two previous to its administration, purgation will not ensue. This is due to a deficiency of water in the blood. The secretion excited by sulphate of magnesia, and other saline cathartics, is poured out almost exclusively from the intestines, the biliary and pancreatic juices participating only to a very trifling extent.

How to Diminish the Death Rate in Fevers.

The chief cause of mortality in fevers is found in the high temperature of the blood; and a rational plan of treatment, in order to diminish the death rate, is presented by the use of reliable antipyretics.

For Nervous Headache.

Nervous headaches, as the neuralgic, periodic and hysterical forms, are quickly and effectually relieved by the topical application of bisulphide of carbon. A wide-mouthed stoppered bottle is half filled with cotton or sponge, and upon this two or three drachms or the solution are poured. The mouth of the bottle is applied as near as possible to the seat of pain, closely, and retained for a few minutes. It generally acts like magic.—*Physicians' and Surgeons' Investigator.*

Treatment of Fractures.

Fractures of the patella Pott's fracture, fracture of femurin children, and fractures of the leg, are best treated with Plaster of Paris. Fractures of the forearm should be treated otherwise to obviate the danger of drawing the two bones together.

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Causes of Unfitness for Service in the United States Army.

It is of interest to note occasionally the unsoundness of men usually regarded as healthy. Of course, none but those thinking themselves healthy would apply for a position in the U. S. army. Yet, in the last army report, we find that out of six thousand two hundred and sixty three white applicants, two thousand and forty-one were rejected. Of four hundred and fifty-three black applicants, one hundred and forty-six were rejected. The percentage of rejection was somewhat greater among the white than among the black.

It is interesting to note some of the separate causes of rejection. Thus two hundred and nine were rejected for varicocele; one hundred and seventy-two for varicose veins; one hundred and two for impaired vision; ninety-one for under height; eighty-one for curvature of the spine; eighty-one for hernia; seventy-four for functional heart disease; eighty-one for ignorance respecting the English language; one hundred and fifty-eight for venereal diseases; seventy-two for deficient physical development, fifty-two for evident intemperance; forty-one for myopia: sixty for hemorrhoids; thirty-one for valvular heart disease; thirty-one for skin diseases; eleven for deafness; eleven for deformity of the genitals; over-age, twenty-one. Other causes are given in smaller numbers.

It is remarkable, also, to note that about one-third of all who regarded themselves as sound were seriously diseased or malformed. Among physicians this will not excite surprise, as they are constantly meeting cases of individuals who have supposed themselves sound, when, in fact, mortal disease had already marked them as victims. Persons lose an eye or an ear, and live on for years doing their work only to discover by accident that they are thus crippled. Insurance examinations bring some to their censes, but the mass of the people never are subject to such examination. It has always struck us as a wise provision for a person before entering upon a new business, or a journey or any duty calling for the full exercise of his powers, or entering into new life relationship as getting married, beginning the study of a trade or profession, to subject himself or herself to a most thorough physical examination. In this manner alone can it be ascertained whether the individual has that physical soundness which may rationally lead him to expect he can succeed in his proposed calling. It is only the prudence of one who counts the cost before he begins the construction of a house, who tests his powers before he enters into the race, or who examines his bank account before purchasing a large estate, etc.

It were wise, also, that at distinct intervals in life these examinations were repeated. Knowing any existing bodily defect, one could guard against that line of activity which would overstrain the weakest part.

The acme of wisdom is in avoiding tasks for which one has especial disabilities, and the entering upon such as one has especial abilities for. Only by some such course as suggested can any person be certain that he has done the

best he could with the physical powers given him. Wrecks of lives are about us on every side, and none know better than physicians how many of these might have been avoided had the individuals been aware of their own physical disabilities at the onset of their careers. —*Detroit Lancet.*

What Becomes of Medical Students?

Such is the query which our valuable contemporary, the *British Medical Journal*, recently took occasion to quote and answer, from carefully prepared statistical information at its command. Circumstances may differ in transatlantic regions from those which shape or govern the lives of students or practitioners in the United States or Canada, but we are not aware that the same systematic tracing of post-student life has ever been attempted in this country. We may, therefore, as briefly as possible, state that in the fifth volume of the *Saint Bartholomew's Hospital Reports* may be found an interesting paper by Sir James Paget, with the same caption as that which heads this article. This report or paper has led to the appointment of a committee to superintend the preparation of statistical returns relating to the medical profession of the United Kingdom, which, we doubt not, will be very valuable contributions to the literature of a comparatively unexplored subject.

Referring to the statement of our contemporary, already alluded to, we find that the career of one thousand students was carefully traced. Out of these, twenty-three achieved distinguished success, holding important public and hospital appointments, or gaining leading practices. Sixty-six had considerable success, holding good appointments or lucrative practices in good districts, or gaining more than ordinary esteem and influence in society. Five hundred and seven, or rather more than half, attained fair success, being able to live by their profession, or to gain promotion in ordinary appointments, maintaining in all cases a good reputation. One hundred and twenty-four had very limited success, not having made a fair practice within fifteen years after entering the profession, or appearing likely to do so, or were only just making an uncertain livelihood, or were still employed as assistants in ordinary practices, or were erratic, or doing much less than had been expected of them. Fifty-six failed entirely. Sixteen of these ill-fated men did not get on in life, though no reason could be assigned to account for their failure, and ten failed through ill-health or some distinct misadventure. Ten were habitually irregular in their habits, and five failed because of scandalous misconduct. Fifteen were never able to pass examinations, some because of idleness and listlessness, a very few through sheer want of intellect.

Ninety-six, or nearly ten per cent., left the profession after beginning either its study or its practice; in the same space of time only seven entered the hospital after abandoning other studies or callings, and five of the seven again changed their minds. This is a tolerably clear proof that medicine is not a profession to adopt as a change or a last resource, a fact that certainly does not apply to several other vocations. Of the ninety-six, three were wisely removed from their hospital studies by their friends, and thirteen left pupilage of their own accord or were expelled. Two retired through acquiring means which put them in a position to dispose with work of any kind; four, after beginning practice, had to leave in disgrace; three took to the stage, one with success; four gained commissions in the army; three enlisted, one winning a commission; one successfully took to the bar; seven took holy orders; twenty went into business; nine became farmers; three homœopaths (all unsuccessfully); whilst twenty-four left the profession for various other pursuits. Eighty-seven died after beginning practice, twenty-one of diseases incurred in their duties, five by suicide, and one, "judicially," attaining, nearly thirty years since, a terrible notoriety by his crimes. The remainder died of various diseases when either prosperous or otherwise. Forty-one died when students, seventeen of phthisis, four (at least) of fever caught in the hospital, whilst two committed suicide.

From these statistics, according to the *British Medical Journal*, we may glean just what might have been expected through guessing, namely, that a large proportion of those who enter the practice of the profession manage to make a little money, or, at least, to pay their way; that a very select few achieve fame (and still fewer fortune); that a few, not many, render themselves infamous, and that a considerable proportion become the victims of casualities. Legislative measures and regulations framed by qualifying bodies can exercise but little control over destiny, as shown in these statistics, excepting as regards that class of students who fail to pass their examinations. No university nor college can prevent men from attempting to enter a profession for which they are unsuited, nor from yielding occasionally to sundry deleterious influences; but neglect of students at any particular school of medicine can be discovered and controlled, and waste of time in studying accessory sciences for unnecessary

severe preliminary examinations can be remedied by obvious means.—*College and Clinical Record.*

[We venture the opinion that here in America rather more than ninety-six in each thousand medical students leave the profession, sooner or later, for other pursuits. The reason is obvious: in this country the opportunities for a livelihood in other directions are so many and various as to tempt from their profession many having an indifferent success in medicine.]

Exploration of the Bladder.

Digital exploration of the bladder, relative to the treatment of tumors, seems to me to be called for when it can fulfil at least three objects: (1) the relief of symptoms which are otherwise irremediable; (2) verifying the diagnosis of tumor; (3) determining whether the removal of the growth can be proceeded with. The circumstances which require a surgeon to open the bladder for the purpose of finding out what is inside of it must be very exceptional; but when, by this proceeding, the three objects I have mentioned are to be obtained with little risk, then the importance cannot well be overrated. There are recorded cases which seem to suggest that, if the exploratory examination had been limitid to providing a means for draining the bladder, and for examining the growth, it would have been better. REGINALD HARRISON, (London).

The Use of Vaginal Injections after Normal Child-Birth.

If the obstetrician will never introduce an examining finger into the paturient canal without brushing the nails and washing the hand with an antiseptic solution—if he will be careful to make his examinations rarely—if he will *express* the placenta completely by Crede's method and *extract* the membranes without haste—if he will ensure complete expulsion of all coagula and tonic contraction of the uterus —if he will *see to it* that the vulva has been well cleansed of all clots and stains by an antiseptic solution (not with a sponge), and that it continues to be kept clean—if he will have clean napkins, sprinkled on the outside with some strong antiseptic solution, placed upon the external genitals, and if the nurse's hand be strictly kept out of the vagina, the demands of modern midwifery will be fulfilled, and "all will go merry as a marriage bell," so far as puerpural fever is concerned.—DR. SIMON BARUCH, in *Gaillard's Medical Journal.*

Quinine and the Tariff.

The Grecian government has become alarmed at the increase in malarial fevers among the inhabitants of that country, which investigation has shown to be in a measure due to the poor quality and high price of quinine. It has therefore removed the duty from this drug, a measure which has already led to a reduction in its price, and has further determined to withdraw its sale from private hands and confine it entirely to government stores. It will buy only from the best and most reliable makers, and sell at a very slight advance above the manufacturers' price, sufficient to defray the cost of transportation.

A burdensome tariff upon such a necessity as quinine to a malarious country is not only unjust, but extremely unwise. The health of its people is of vital interest to a nation, and the means of restoring and maintaining health should not be subjected to burdensome taxes.

Allspice for Hemorrhoids.

Pimento, or "allspice," is the dried, unripe berry of the *Eugenia pimenta*, from the West Indies, where it is called Jamaica pepper. The powder, in doses varying from ten to thirty grains, has been found exceedingly effectual in the treatment of transient hemorrhoids. In a day or two a notable improvement is manifested, the pain and tumefaction rapidly disappearing, and in a few days, in many instances, the cure is complete, if the condition is not complicated. Severe cases, with great irritation and acute pain and swelling, with or without hemorrhage, are also much modified by this treatment, and sometimes even cured.

Opening of Prostatic Abscess.

There are many inconveniences attendant on the opening of prostatic abscess through the rectum. Antiseptic precautions are unavailable; free exit of pus is not secured; there is possibility of grave hemorrhage; and urethra-rectal fistula may result. These possible results may be avoided by opening the abscess through the perineum, following the first steps of median lithotomy.

Salt and Fish.

Salt-water fish cannot exist in fresh water, though the amount of salt in their native element may be vastly increased by artificial means without apparent injury to the fish. If

salt be gradually added to the water inhabited by fresh-water fish, their offspring will be unable to live in fresh water.

Hydrastine and Strychnine.

Hydrastine, the alkaloid of hydrastis Canadensis, in some of its physiological effects closely resembles strychnine, impressing the nerve centers in the same way, and producing, in over-doses, similar tetanic convulsions and death. The action of strychnine is more intense than that of hydrastine; but the effects of the latter are wider in their extent, and affect the peripheral nerves and muscles as well as the nerve centers. Hydrastine is used medicinally in the form of the hydrochlorate, the dose ranging from a fourth to a third of a grain.

Salisbury Steak and Treatment.

The Salisbury steak is made by taking the best slices of the "round" of the beef, and chopping it with *dull* knives. The object is not to cut, but rather pound the meat. By thus treating it, the pulp comes to the top, and the tough, fibrous portion remains below. This pulp is scraped off and made into cakes, like sausage-cakes, or in the shape like a good-sized steak and *gently* broiled on a gridiron. It has been found that meat gently cooked is more digestible than raw. The fire must be good, so that the meat may be rapidly broiled —that is, be cooked on the outside and almost raw inside.

A little salt and pepper and a small amount of butter added make a not at all unpalatable dish, and one which contains *all* the strength of the beef, with the tough, indigestible portion entirely separated. This diet is used exclusively in chronic cases, by physicians professing to treat according to the Salisbury method. They use but few drugs, and what they use are mainly tonics. The diet is used not only in diseased digestion, but diseases of liver, kidneys, stomach, bowels, nerves, etc., and remarkable results are said to have been obtained.—*N. Y. Medical Times.*

Pasteur's Discoveries.

At almost the outset of Pasteur's scientific career he distinguished himself as a discoverer. In investigating tartaric acid and its compounds he found that they presented a right-handed and a left-handed form, the crystals of one turning the plane of polarization to the right, and those of the other to the left. The left-handed tartrate, prior to Pasteur, was unknown. The generalization at which the discoverer arrived seems to afford the only sharp line of demarcation between organic and inorganic chemistry. The fabrication of alcohol from beet-root and corn next engaged his attention. He found that fermentation was generally described by the chemists of his time as a purely chemical operation, in which the oxygen of the atmosphere was the principal agent. Pasteur was soon led to think otherwise. A series of experiments demonstrated that the cause of fermentation was a living organism, and that each kind of ferment had its own organism, and in some cases these required air for their existence, and in others died when in contact with the air. What then was the ferment of the ferment? Pasteur showed that it was simply a ferment itself. The organisms engaged in the fermentive processes would in time exhaust all that was assimilable, and in dying became a mere mass of dead organic matter, to afford in turn aliment to other species, until in the last result the organic mass with which the series started had been resolved into a mass of germs, ready to begin the process anew. The vast importance of these microbes in restoring the equilibrium of life was thus demonstrated. He investigated the fermentations of lactic and butyric acids, of wine and beer, etc., and showed that putrefaction itself was the result of a ferment. A very low temperature can arrest the process; remarkable instances of which are afforded by the preservation intact of the flesh of mammoths in the Arctic regions.

Pasteur was next engaged in investigating the processes concerned in the formation of vinegar, and again he found that the agent was an organism—a microscopic fungus called the mycoperma aceti. Like all similar minute organisms, this is capable of enormous self-multiplication in an exceedingly short space of time.

Next came his researches into the silk-worm diseases. Of these there were two, one locally called *pebrine*, and the other *flacherie*. In both he found the presence of microscopic organisms. *Flacherie* was the least important of the two maladies; it arose from a ferment being formed in the digestive canal of the worm, owing to an impaired activity of its vital functions. *Pebrine* was much more virulent. Here the worm was invaded by a set of living corpuscles, which accompanied it through all its transformations, and even evaded the eggs. The remedy for this was simple—to pound up the moth after the eggs were laid, to examine it under the microscope, and if corpuscles were found, to destroy it, and all the eggs of which it was the parent. By carefully breeding from none but non-corpusculous moths, the malady was subdued. The cure of *flacherie* was more a matter of hy-

giene, though of course it was necessary also to reject as parents all worms whose vigor seemed impaired.

Pasteur's studies on beer we may dismiss. Much more important were those investigations into the parasitic origin of communicable diseases which have made his name generally famous. He proved that the motion of a specific inorganic virus, independent of bacteria, in such diseases as charbon or splenic fever, was totally unfounded. By cultivating the bacteria or bacilli, he was able to produce the disease at will. He was also able to discriminate between this bacillus and the vibrio which was found in the putrefying carcass of the diseased animal. We shall now content ourselves with mentioning the results of some of Pasteur's later investigations. He was anxious to discover how splenic fever was naturally produced. When a number of animals were fed on lucerne on which the artificially reared bacteria or their germs had been sprinkled, many, though visibly affected, survived; but if to this food any prickly fodder was added, the mortality greatly increased, and the lesions found after death were exactly similar to those found in animals which had died of the disease in the open fields. This led him to infer that the contagion might be derived from the earth itself, and it was proved by experiment that the spores derived from the buried body of an infected animal might remain in the earth for years, retaining all their virulent power. An examination of the worm casts on the surface of the ground proved that earth-worms themselves might bring the germs to the surface, and showed how absolutely dangerous in every case it is to dispose of the body of an infected animal by burial.

The latest of Pasteur's labors was the investigation of the microbe of rabies—a microbe which, taken with the saliva into the blood, is with that conveyed to the brain and nervous tissues. But the experiments are still in progress.

Cocaine for Morphinism and Alcoholism.

Dr. Fleischl, of Vienna, declares that morphineism, alcoholism, and similar habits, can now be cured rapidly and painlessly by means of cocaine chloride. The method is very simple—a withdrawal, either gradual or abrupt and complete, of the habitual intoxicant, and treatment of the nervous and other symptoms which arise therefrom by means of hypodermic injections of the cocaine. He claims that in ten days a cure may be effected in any case. The dose of cocaine chloride hypodermically is from $\frac{1}{12}$ to $\frac{1}{4}$ grain, dissolved in water, repeated as necessary.—*Medical and Surgical Reporter.*

Extirpation of the Lung.

Dr. Domenico Biondi, of Naples, some time since proved that animals recovered after removal, by operation, of one entire lung. In a more recent communication, published in the *Wiener Medizinische Jahrbücher*, the same physician shows that animals may survive the removal of portions of lung artificially infected with tubercle. After injecting, by Ehrlich's method, masses of bacillus tuberculosis into the parenchyma of the lung, so that the clinical and anatomical symptoms of tubercle were produced, he removed, at the end of a few weeks, the diseased lungs; and in all cases recovery was complete. Whether pulmonary tubercle in man, not artificially produced, could be precisely diagnosed and localized to one lung, and then treated in the same manner, and whether total removal of the organ or excision of a diseased lobe would be, in such a case, the less perilous operation, are questions which can hardly be decided by the physicians and surgeons of to-day; yet, bearing in mind the surgical procedures, performed with success almost daily in this country, that were once considered impossible, and then unjustifiable, it is hardly unreasonable to believe that excision of the lung is an operation of the distant, if not of the immediate, future.—*British Medical Journal.*

Progress of Antiseptic Surgery.

Of three great cavities of the body, the abdomen, with its membranous coverings, the least protected and most accessible, containing parts less immediately essential to life, and yet, from its size and the extent of its lining membrane, the most prone to a rapidly fatal inflammation, was the first to be entered by the properly aseptic hand; next, the thorax, with its half-bony and half-membranous walls, and therefore better protected and less open to access, containing parts more immediately necessary to life, but lined by a membrane of smaller extent, and subject to less formidable inflammatory reaction, yielded entrance to the antiseptic method of procedure; and, lastly, the cranio-spinal cavity, the smallest and most perfectly enclosed, the best protected, enclosing organs of vital essentiality, and yet lined by a membrane of moderate proclivity to disease, has also been evaded by the new surgery, under the guidance of an improved diagnosis, in search of removable disease. Even the cervical region, which, though not designated a cavity, is, nevertheless, a specially adapted part of the general cavity of the body,

has become the field for the employment of aseptic methods.

It might thus seem as if surgical enterprise and skill, applied to the trunk as contrasted with the limbs, had reached their utmost attainable limits; but it cannot be so. Already the cry is for still greater security against the consequences of irritant and septic influences. That this will be obtained in the future, no one can doubt.—PROF. JOHN MARSHALL, (London.)

An Old View of the Spleen.

That the spleen is not destined for any absolutely neccessary function of generating or clarifying the blood, is inferred from the ancient customs. Plautus, Abbas and Pliny (lib. II, cap. 37.) speak of when they were wont to burn the spleen of their foot-coursers that used to run for sport or wagers; and some they would quite cut out their spleen to make them run lighter and render them long-winded; because the spleen is otherwise apt to weigh down the diaphragm. Ronsanes, in his book, makes an observation of several whose spleens were cut out, and of another whose spleen was quite worn or dried away, and nothing remained but the outward skin.—"Morbus Anglicus," by GIDEON HARVEY, (London 1666).

Duties on Medicines.

The foolish demand for a restoration of the duty on quinine will only have the effect of directing public attention to the fact that there are outrageous duties on other medicines that ought to be repealed in the name of humanity. Ethers are subject to a duty of one dollar a pound, or 78 per cent. on its value; chloroform is taxed 81 per cent.; collodion, 85 per cent.; gelatine and glycerine, 35 per cent. While crude opium is taxed one dollar a pound, the tax on extracts of opium is six dollars a pound. Infant's food (think of that !) is subject to a duty of 20 per cent. Epsom salts are taxed 64 per cent.; Rochelle salts, 20 per cent.; mercurial preparations, 30 per cent.; iodide of potassium, 54 per cent.; bicarbonate of soda 62 per cent.; strychnia, 100 per cent., and cream of tartar, 38 per cent. It is possible that the physicians of the country are not aware of these brutal taxes on medicines, else they might be expected sometimes to make a feeble protest against them for the sake of their patients.—*Philadelphia Record.*

THE results of the large experience of our hospitals in a neat volume for only one dollar! Do not delay sending your order.

Borax as a Cholera Preventive.

During the cholera epidemic in 1864–65, the workmen in several contiguous borax factories in Italy were quite free from the disease, which killed off one-third of the population of a village in their immediate neighborhood. Hence an eminent Italian physician recommends internal administration of borax as a cholera preventive.

Edible Earth.

In many countries, certain clays have been used from time immemorial as a food product. Clays are essentially formed of silica, alumina and water in variable proportions, colored by metalic oxides, and presenting themselves in amorphous masses. They adhere to the tongue and form with water a fine, pliable paste. Some samples of edible earth consist, as in the case of Tripoli, of microscopic fossilized shells and innumerable fresh water infusoria.

The Ottomacs, a people of South America, regularly consume from a pound to a pound and a half of clay per day, which satisfies their hunger without injuring their health. Among the Indians of the banks of the Amazon, clay forms a part of the fare, even when other food is abundant. Edible earth is sold in the markets of Bolivia, and a kind which has an agreeable odor is much esteemed among the Peruvians. According to travelers, the negroes of Jamaica have recourse to clay only when there is a dearth of other food, but they eat it without repugnance. On the contrary, the negroes of Guinea, transported to America, seek an earth analogous to that which they have been accustomed to, and not always finding it have recourse to pipe clay.

In the kingdom of Siam the women and children are clay eaters. In Java they make a sort of a cake out of a ferruginous clay which the men eat when they wish to become lean.

It is probable that the instinct of preservation has made known to these miserable people species of clay that contain a certain quantity of organic matter derived from vegetable detritus, and that this material contributes to sustain them in those months of the year during which a more efficient food fails them.—*Science and Nature.*

For Otorrhœa.

For chronic otorrhœa, periostitis, or inflammation of the external auditory meatus, and affections of the ear following scarlatina, an

injection of the glycerine of carbolic acid, of the British Pharmacopœia, removes the pain and improves the condition of the passage. It should be allowed to remain a minute or two.

To Disguise the Taste of Medicines.

Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before and after the dose, to blunt the sense of taste, and the dose between them in a wineglassful of iced water renders it easily taken by most persons.—*Squibb's Ephemeris.*

Edinburgh Mixture, for Gout.

The solution of the biniodide of mercury in potassic iodide, known as the Edinburgh mixture, is of great service in the treatment of gout. Dr. C. R. Illingworth (*Brit. Med. Journ.*, May 30, 1885) prescribes it as follows:

℞ Sol. hydrarg. bichlorid. (B.P.)..... ʒ vj
Potass iodidi..... ʒ ss
Inf. quassia.....ad.... ℥ vj

M.—Sig. Teaspoonful every three hours.

If there is much pain, he adds two-minim doses of the solution of morphine, or five-grain doses of chloral and bromide of potassium with simple syrup. Of course when congestion or actual inflammation of the kidney or other internal organs exists, this preparation should not be used.—*Therap. Gazette.*

How Locusts "Sing."

When a locust begins to favor us with his dulcet strains, he bends the shank of one hind leg beneath the thigh, where it is lodged in a furrow destined to receive it, and then draws the leg briskly up and down several times against the lateral edge and veins of the wing-cover. He does not play both these "fiddles" simultaneously, but alternately, standing meanwhile upon the four anterior legs, and the unemployed hind leg. Locusts are kept in cages, in Spain, for the sake of their "music."

A Suggestion in the Treatment of Cholera.

We can readily conceive the powerful effect on the system of the application of external cold through the medium of the vaso-motor and general nervous system. Of this, too, we are certain, that heat, an elevated general temperature of the atmosphere, is a powerful factor, of an adverse nature, in cholera and many other diseases, especially when it is combined with miasma; and we know that cholera epidemics usually decrease in virulence with a decided fall in the temperature, and disappear in cold weather, or in polar latitudes. May we not then reasonably infer that, in the application of cold we have a powerful agent, whose assistance has indeed already been beneficially sought and obtained, to a greater or less extent, in the treatment of cholera, and which invites our further inquiry and attention?

In the practical application of this therapeutic agent, should its further trial warrant its extended use in general practice, and especially so as to meet the emergencies of a cholera epidemic, should it unfortunately occur, some difficulty may be experienced. Already, however, the practical application of scienee in the processes of refrigeration for the preservation and transportation of our animal food supplies from abroad, "dead meat," and the various known and applied processes for the manufacture of ice, may permit the construction of refrigerating chambers, in suitable places, for the immediate reception and treatment of cases of cholera; whilst the adaptation of the same to portable apparatus, for use in rural districts, would very probably follow as a matter of course.

The immediate difficulty appears to be in the testing of the suggestion for treatment herewith broached; but where the supply of ice is plentiful, as we may presume it is in our large towns, and as it certainly is in the large cities of the American continent and elsewhere, some modification of the refrigerating chamber may be extemporized; and, when occasion but too sadly requires, the fuller influence of the general rather than the topical application of a therapeutic agent of great power may be practically put to the test.—Dr. T. Ward, in *Brit. Med. Journal.*

New Treatment for Urethral Caruncle.

Dr. P. Boulton, of London, finds in cases of "urethral caruncle" (those exquisitely sensitive growths of the female urethra), that the effect of cocaine is marvelous. Few small troubles are more sensitive to touch, and formerly it was necessary to give chloroform for their removal. He now applies a four per cent. solution of cocaine, and in five minutes snips them off with sharp scissors, and applies the cautery to the stump to stop bleeding, without chloroform, and without pain to the patient. The same solution, if applied in the nostrils with a camels' hair-brush, undoubtedly produces great relief in cases of hay fever.

Class-Room Notes.

[FROM THE "COLLEGE AND CLINICAL RECORD."]

—In *wounds upon the face*, Prof. Gross covered the sutures with a solution of iodoform ten parts, collodion ninety parts.

—Prof. Gross says: When we find a heavily coated, *furred tongue*, give grs. iij, calomel, followed by ʒ ij each, of Rochelle and Epsom salts.

—In *gastralgia* Prof. Bartholow has often obtained good results from—

℞ Atrophiæ sulph..... gr. j
Zinci sulph..... ʒ ss
Aqnæ destil..... fʒ j

M.—Sig. Three to five drops twice or thrice daily.

—The *lead water and laudanum solution* of Prof. Gross is as follows:

℞ Plumbi acetatis..... ℈ ij
Tr. opii..... fʒ ss
Aquæ..... fʒ viij

M.—Sig. Lotion.

—A young man who had for several years practiced masturbation, applied to the clinic for relief, as he was suffering from a *morbid sensibility of the urethra*, with constant, sticky discharge from that canal. He was given by Prof. Gross—

℞ Potass. bromid..... ʒ j
Sodii bicarb..... gr. xv
Inf. digitalis.....a..... fʒ ss
Atropinæ sulph..... gr. 1-60

M.—Sig. At bedtime.

—In a case of *cerebral hyperæmia* consequent upon a blow, Prof. Da Costa prescribed the following active purgative:—

℞ Ext. colocynth..... gr. j
Capsici..... gr. ⅓
Ext. gentianæ..... gr. ij

M.—Sig. Ter die, in pill.

At night, sodium bromide, gr. xxv.

—A man, 63 years old, suffering from *mitral stenosis with hypertrophy*, and in whom atheromatous degeneration of the blood vessels was present, was given, by Prof. Da Costa, fluid ext. of convallaria, gtt. viij ter die, to make heart beat more regularly; Fowler's solution for the atheroma.

—A boy, four years old, had *recurring spasms*. Two years previously he fell, striking on his temple, causing instant paralysis on opposite side. Was given by Prof. Da Costa—

℞ Potass. iodidi..... gr. iij
Potass. bromid..... gr. v
Elix. aurantii.....ad... fʒ j

M.—Sig. Ter die.

—To prepare his ligatures for use, Prof. Gross uses McCuen's method: Take ʒ j of chromic acid (crystals) to fʒ v of water. Of this solution take fʒ j and to it add fʒ v of glycerin. In this latter steep the animal ligatures for ten days, then remove and thoroughly dry them. Now, for preservation, keep them in a 5-100 solution of carbolic acid.

—For a case of *infantile paralysis* of two or three weeks' duration, in a girl æt. 4, in which the paralysis involved the right upper extremity and the left lower extremity, Prof. Bartholow brought about a good result by massage, also the administration of lacto phosphate of calcium with ol. morrhuæ. Strychnia was injected into the muscles.

—Dr. Sajous, at the hospital, treats *post-nasal catarrh* as follows: First a purgative, as sulphate of magnesia, ℈ ij; then use as a "snuff" ter die—

℞ Bismuth subcarb.....
Pulv. acaciæ.....āā... ʒ ss
Zinci sulph..... gr. x
Morph sulph..... gr. ij

M.

—At the hospital, Dr. L. Webster Fox prescribed for a case of *acute conjunctivitis*:—

℞ Acid. borici..... gr. xij
Aquæ camphoræ.....
Aquæ destil.....āā... fʒ ij

M.—Sig. Eye lotion.

Should this fail, use something stronger, as zinc chloride, gr. ij to fʒ j. In the third stage, where we are confronted with granular lids, use the caustic copper, in sticks.

—Dr. Fox also spoke of jequirity in troublesome *granular lids*, to wit: Bruise ʒ j of the beans to a pint of water. Take a little of this solution and apply to the eye, and in a week we obtain a smooth surface.

—To *diminish the sensibility* of the mucous membrane of nose, Dr. Sajous uses—

℞ Acid. tannic..... gr. xl
Glycerini..... fʒ j

M.—Sig. Apply with a cotten-wrapped probe.

A solution of zinc chloride, gr. ij to fʒ j, is also useful, or gr. v to fʒ j, of the zinc sulphocarbolate.

—To get rid of *effusion* when the above is of no avail, let the patient sit covered with a sheet, and place a lamp within to steam him; or use—

℞ Bismuth subcarb.....
Pulv. talc.....āā... ʒ j
Aluminis..... ℥ ss
Morph. sulph..... gr. j
Pulv. acaciæ..... ʒ j

M.—Sig. To be used as a snuff several times a day.

—The following treatment, by Dr. Sajous, was recommended for *chronic coryza*:—

℞ Sodii salicyl..... ʒ ij
Sodii bibor..... ʒ iij
Glycerini..... fʒ ss
Aquæ..... fʒ vj

M.—Sig. Of the above take fʒ ij and put into O j warm water (100° F.)

Of this latter solution, "snuff" into nostrils as much as can be taken up in the hollow of one's hand, ter die.

—Prof. Bartholow advised, in a case of *catarrh of the nares*, of specific origin—

℞ Sodii iodidi..... gr. x
Syrupi picis..... fʒ ij

M.—Sig. Ter die.

Also—

℞ Pil. ferri iodidi (U. S. P.)

Sig. One daily.

—In the *management of pregnancy*, Prof. Parvin spoke as follows: Let the patient eat but little in the latter months, though she may eat a little frequently during the day. A large meal causes much inconvenience, due to the already enlarged abdomen. A bandage properly applied around the abdomen is useful and comfortable. She should sleep eight hours; and take an occasional bath in tepid water. If leucorrhœa be present, let her use an injection of salt water, and bath the external genitalia with tepid water.

Care of the Breasts.—Use oily matters, and no alcohol. In the morning the nipples may be painted with equal parts of tinct. arnica and water, but in the evening should be covered with cocoa butter.

—High-heeled shoes should be dispensed with during pregnancy.

Location of the Heart's Valves.

The aortic valves are heard beneath the sternum, opposite the costal cartilage of the third rib. The pulmonary valves are heard one-half inch to the left of the sternum, between the second and third ribs. The mitral valves are heard three inches to the left of the sternum at the lower border of the third rib. The tricuspid valves are heard under a line drawn from upper border of the costal cartilage of the third rib to the lower border of the costal cartilage of the fifth rib.—*Chicago Medical Times.*

DWELLINGS may be effectually cleared of cockroaches by a mixture of equal parts of red lead Indian meal, and molasses, made into a thick batter, and placed in a plate on the floor over night. The dose must be repeated several times.

Wind Instruments and Consumption.

An eminent physician, attached to a famous London hospital, had for some time devoted himself to the study of the origin of tubercle in the lung. In fact, he was a specialist on pulmonary consumption, and, like most specialists, indulged in pet theories. One of his favorite hypotheses was that the development of tubercle was greatly facilitated by the habit of playing upon wind instruments, and that, consequently, consumption was sure to be a prevalent disease among professional bandsmen—performers on the cornet, flute, and other instruments requiring exertion of the lungs and air passages. One day a new patient, in the prime of life, suffering from tubercle, was brought into the ward of which the specialist had charge. The students gathered round the sufferer's bed to listen to their chief's examination. "This man," said the Doctor, "has tubercle in both lungs. He is, I believe, by profession a performer in a brass band. Is that not so?" addressing the patient. "Yes, sir, I have been a bandsman for eight years." "You see, gentlemen" resumed the delighted Doctor, "this is a striking confirmation of the theory I have always maintained in regard to the injurious effects on the lungs of the constant use of wind instruments. And what instrument, my good man" he added, turning tenderly towards the sufferer, "what instrument did you play?" "*The drum*, sir," said the patient, not *without an intelligent grin!*

"MRS. BROWN sent me to inquire how Mr. Smith is to-day" said the servant girl, as she met Mrs. S. in the hall of the Smith residence. "He is much worse," answered Mrs. Smith, with a deep sigh, "the doctor says we must now only wait for the end." "Ah, me! then mebbe I might as well sit down and wait for it, so I can take it to Mrs. Brown," said the girl.

IT has been requested that we gather all the patent medicine formulæ heretofore published in THE WORLD and republish them all together in one number. We will do this either in the December or January number. Subscribe now if you wish to be certain to get them.

THE *Physicians' Magazine* says of "Official Formulæ of American Hospitals:"

"It presents, in a convenient form, a collection of the formulæ most used in the principal hospitals. Such a hand-book is of more value to the busy practitioner than are many ponderous volumes issued at ten times its cost. This is one of the instances where *worth* and *cost* bear no relation to each other."

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

CERTAINLY it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Look to the Uvula.

Editor MEDICAL WORLD:

No case of chronic cough should be treated unless the throat is thoroughly explored. The little throat mirror is very valuable.

A few weeks ago, a gentleman came into my office, dragging his feet from sheer exhaustion. Between his fits of coughing and raising of a frothy mucus, he told me that he had not lain down in two months until 4 A. M., and then only from exhaustion, the cough and expectoration being so troublesome. After washing the throat with an alkaline solution and spraying it with a four-per-cent. solution of cocaine, I cut off nearly an inch of the elongated uvula which was constantly working like the pendulum of a clock, exciting the muscles of the throat to spasmodic action. The salivary glands were much enlarged and were supersecreting to the extent that he raised three half-pints each twenty-four hours. After the excision of the excess of the uvula, the use of a strong solution of tannin as a gargle, and ten-drop doses of the tincture of belladonna internally, four times a day, cured his cough, and in five days—after four months of inability to work—he was able to resume his labors. The bronchial irritation was wholly and entirely due to the mechanical action of coughing, which was superinduced from this lax and elongated palate. The debility of this patient, with his cough and bronchial irritation, might have lead to the conclusion that he had incipient phthisis if the throat had not been examined. So look to the uvula.

E. B. SILVERS, M. D.

RAHWAY, N. J.

Replies.

Editor MEDICAL WORLD:

In reply to the inquiry by Dr. L. R. Heath, in the August number of THE MEDICAL WORLD, I would say that this region, the mountains of western North Carolina, offers as great advantages to the phthisical as are possessed by any section of country east of the Rocky Mountains. It possesses the altitude, comparative dryness, mild winters and cool summers; all these being important factors in the cure of consumption.

For the benefit of Dr. W. O. Stillman, I would say that I was informed by a gentleman, who professed to know, that the "Wei de Meyer's Catarrh Remedy," is simply saleratus; only that and nothing more.

I think that the doctor will find that the prescriptions mentioned by Dr. John A. Henning, in the August number of THE WORLD, will prove very valuable in the treatment of catarrh of the nose and throat. Probably the bi-chromate of potassa is quite as efficacious as the permanganate.

E. A. GATCHELL, M. D.

ASHVILLE, N. C.

Morphine in the First Stage of Labor.

Editor MEDICAL WORLD:

Your August number contained an editorial from the Kansas City *Medical Record*, and a query from D. W. Tice, M. D., of this place (Troy, Mo.), which gentleman holds that your comments on said editorial are in support of *his* views, as stated at the head of the article. Now, if I am capable of interpreting the statements of the two editors, they are in exact harmony, and *were intended* to be so.

A. H. CHENOWETH, M. D.

TROY, MO.

[We expressed ourselves quite independently, not seeking to agree or disagree with any one in particular. A careful re-reading of the article and comments will bring the points to mind. Whether morphia will retard labor or not depends upon circumstances. It is our opinion that under ordinary circumstances morphia will, to a greater or less extent, retard labor in any of its stages. However, if a spasmodic condition of the circular fibers of the os exists, morphia, by relieving this condition may accelerate labor. When the so-called "nagging" pains are distressing, morphia is indicated to relieve them. The pains will be stopped, and, if dilatation has not fairly begun, it may be several days or a week before labor is resumed. As we said last month, after giving a full dose of morphia in early or threatening labor, we feel safe in leaving the lying-in chamber to attend to other duties. The "nagging" pains will be relieved, and when the real pains begin, whether it be an hour, a day or a week after, a messenger may be dispatched. If in the country, it would be well to wait and see if the os dilates under the morphia, and if so, remain.

Nothing in an obstetrical practice is so annoying to the practitioner as "false alarms," and nothing so harassing to the patient as "false," "nagging" pains. A judicious use of morphia will do away with both.

Do not understand that we advise the use of morphia in early labor as a routine practice. It is indicated only when harassing contractions are struggling ineffectively against a closed or resisting os.—ED.]

Case of Glossitis.

Editor MEDICAL WORLD:

Inflammation of the substance of the tongue is quite uncommon, and as this disease is generally sudden in its attack, and rapid in its progress, and as the treatment necessarily employed in the following case differs from that recommended in the books, I wish to place the same on record.

W. R., a powerful, muscular man, generally healthy, began to complain of sore throat and difficult deglutition on August 10th, 1885, but did not consult me until the 15th, when I discovered slight inflammation of right tonsil. I directed him to gargle with hot water frequently, and to apply dry bicarbonate of soda to the tonsil every half hour. I have frequently seen acute tonsillitis aborted by this treatment. (See a remarkable paper on this subject read by Dr. Jean Gine y Partagas, Prof. Clin. Surg., Barcelona, at Fourth International Congress, Geneva, 1882, and translated and published by Dr. Covernton in Canada *Lancet*, December, 1883). Aug. 18, at daylight, his wife called me in great haste, saying the patient was dying. I drove up to his residence, in a back settlement, and found the patient suffering intensely; tongue enormously swollen and inflamed; deglutition impossible; jaws forced open; powerless to articulate; hot skin; quick, strong pulse; darting pains in ears; alternate paleness and flushing of face, denoting impeded circulation of the head. I thought of scarification and leeching; I dismissed the former from my mind as too formidable for the present, and leeches were out of the question, none being nearer than fifteen miles.

Treatment: Gave the patient gr. ¼ morph. sulph. dry on tongue, well back; this gave relief in a few minutes. He had taken no food for two days; was very hungry. I soaked cotton wool in Hoffman's anodyne and placed it around the tongue for a few minutes, when the patient with considerable effort was enabled to drink a pint of milk and a wineglass of brandy. I then prepared a few morphine powders, and directed one to be given every five hours; also a bottle containing tincture of iron and quinine, a dose to be taken every four hours in plenty of water. For the local treatment I made two solutions, one containing acetate of lead and tincture of opium, the other borax with a little sulphurous acid, and directed the patient to soak cottonwool in each and apply the solutions all around the tongue with pledgets of the wool continuously, and alternate every half hour. Also to rinse his mouth every four hours with a quart of tepid water, and take a quantity of milk, also some of Johnston's fluid beef. After giving orders for them to call me early next morning if patient was no better —when I was to appear armed with leeches and scalpel if necessary—I left for home much dissatisfied with the treatment ordered. Forty-eight hours afterwards I was surprised to learn that the treatment "worked like a charm." The inflammation was being subdued. Aug. 23; have just learned that the patient is about well.

My excuse for writing the above is because the disease is seldom seen.

J. G. ATKINSON M. D.

OAK HILL, New Brunswick, Canada.

Calcarious Deposit in the Lungs.

Editor MEDICAL WORLD:

This occurrence was brought to my notice in April last. The history of the case is as follows: The patient was a young woman 21 years of age. In childhood she was always subject to attacks of bronchitis; when seven years old she had the whooping cough, and the expectoration resembled that of a phthisical patient with blood frequently intermixed.

Last March the patient had the measles, presenting the usual symptoms, and indicated a favorable recovery. When the eruption had nearly faded there was a sudden rise of temperature to 102°, and pain in the chest and violent and persistent cough set in. Examination of the lungs showed capillary bronchitis. The usual treatment was instituted. Paroxysms of coughing lasted from one to two hours. After this violent coughing had continued two days, the patient coughed up a little stone nearly the size of a grain of wheat, of an irregular form, and a yellowish white color; she continued coughing them up accasionally until the last of July. As the cough became less violent the stones diminished in frequency. Some of them have the form of the air cells of the lungs. From the first there was expectoration of blood, especially marked after a stone had been coughed up. There have been thirty of the stones.

A slight cough continues at present. The patient is now in good health.

The only explanation I can offer is that when

the patient had the whooping-cough, or at some time in her life, there was an inflammation of the lungs and exudation, and this exudate, instead of breaking down into a caseous mass and phthisis resulting, became absorbed, leaving this calcareous deposit, and the violent coughing has dislodged and thrown it off.

Chemical examination shows the stones to be composed of phosphate of lime and a large amount of organic matter. This is the only instance of the kind I have ever seen or heard of.

ANNIE L. ALEXANDER, M. D.
COWAN'S FORD, N. C.

Topical Treatment of Nasal Catarrh.

Editor MEDICAL WORLD:

In reading your very valuable journal I have noticed many suggestions of different modes for the direct application of remedies to the parts diseased, as is especially necessary in chronic nasal catarrh. In connection with the requisite internal constitutional treatment, I have used with most flattering success nasal bougies containing:

Hydrastis.....		
Powdered salt.....	of each...	gr. 2

Manufactured by the Western Suppository Company.

I have also used one containing:

Hydrastis.....	gr. 2
Powdered salt.....	gr. 1
Carbolic acid.....	gr. ½

I feel that I can confidently recommend them as they are so much more easily applied than ointments of any kind, and can be retained until fully absorbed.

EDWIN H. HAYES, M. D.
CHICAGO, 166 E. Van Buren St.

Replies and a Request.

MR. EDITOR:

I was well pleased with the specimen number of THE WORLD I received before I became a subscriber, but I find myself far better pleased since I own the number that drops into my box once a month.

I have formed a very favorable opinion of a number of the WORLD'S "household," especially Drs. Elmore Palmer, Parker and De Armond, because in my opinion they talk very plain common sense.

To Dr. Palmer's inquiry, "What constitutes quackery?" I want to answer to his supposed case, No. Under Webster's definition of quackery there are more ways open to the quack than printer's ink in which to play his lie. It may be played with a solemn silence, with a flourish of stethroscopes, speculums, etc., and with a profusion of technical phrases, slinging latin words to old women and ignorant people who do not even understand good English. They play the knowing wink, and significant nod dodge, and the whispered word during or after consultation.

Now, if a man has a diploma from old Jefferson or Bellevue, and is an honored member of the American Medical Association, and is an old codist of the purest stripe, and does these things, he is an arrant quack, trying to get business under false pretences. But the man who says, "I am a doctor and a specialist," and keeps himself posted, honestly does the best he can—dares to say "I don't know"—is not a quack though he advertises in all the papers in the county, providing he states the truth.

I am just through with a case of epithelioma of the cervix, and I shall never again believe the doctrine that a fixed womb in such cases is necessarily a fatal symptom.

From more than thirty years' practice, I think there is a good deal of foolish talk in Prof. Scribner's first article about the use and evil effects of calomel. While a pupil with my preceptor I read Chapman's Therapeutics, and I well remember how eloquently he extols nearly every article of the *Materia Medica* in his opening sentences, and how cruelly he anathematizes them in his closing sentences. Suffice it to say that I have given calomel all these thirty years whenever in my judgment it was best, and I have never had occasion to regret it, and it would take more than one professor to make me believe that necrosis of the bones of the leg ever comes from the use or abuse of calomel.

I wish some of your astute family would write an article on that form of anæmia which results from long exposure to malaria, and give best treatment.

NEW ALBIN, Iowa. R. C. AMBLER.

Is Ergot a Specific for Puerperal Convulsions?

Editor MEDICAL WORLD:

During a conversation on puerperal convulsions some time ago, an old experienced practitioner asked me if I knew that ergot was a specific for that disease. I replied that I did not; that I did not remember ever seeing or hearing it recommended in such cases, except to hasten delivery. He said that he had never failed to check the convulsions with ergot alone in the many cases that he had attended.

His method of using it is to give large and

often repeated doses until the patient is perfectly ergotized. He described a patient in that condition as being almost pulseless, with cold, clammy skin, and a cadaverous appearance. He gave the history of several cases in which it was necessary to give stimulants to counteract the effects of the ergot after the convulsions had ceased.

My object in asking the question which heads this article is two-fold. First, if ergot is such a valuable remedy in this formidable disease, it should be more generally known; and second, to receive an answer to the following questions: Have you had any experience with ergot in puerperal convulsions? Don't you think there would be *some* danger in using ergot to the extent recommended by the old brother? Brethren, let us hear from you upon these subjects.

R. K. MEDARIS, M. D.

CLINTON, Tenn.

For Gonorrhœa and Gleet.

Editor MEDICAL WORLD:

An efficient formula in gonorrhœa and cases of gleet without stricture, is the following:

℞	Liq. bismuthi et hydrastis (Merrell's)	℥ j
	Listerine	ʒ ss
	Solut. morphiæ (Magendie's)	℥ ij ss
	Aquæ ad	ʒ iv

M.—Sig. Use as an injection three or four times daily, retaining the same from three to five minutes.

The above has met with the most phenominal success.

E. A. CHANCELLOR, M. D.

ST. LOUIS, Mo.

Reply to Constant Reader.

Editor MEDICAL WORLD:

Please to say to "Constant Reader," of September number, page 306, that the very best treatment for the tumor on his nose is the application of fuming nitric acid, with the point of a small stick, to the center of the external part of the tumor until the entire tumor is saturated with the acid. Use a pin from time to time to ascertain when he has killed the tumor to the bottom, and then apply a strong solution of soda to the tumor to kill the acid in it, and the work is done. It will take fifty minutes perhaps, all done at one sitting. He may stand up to the glass and do it himself; there is no danger of burning too much. There is not much pain to it. After the tumor has sloughed off, any elevations that may occur in healing can be burned down with the acid.

I killed two obstinate pimples on my nose, near the forehead, with nitric acid, and they healed kindly. Nitric acid is the best caustic there is. I use it more than all others.

It is the best to get rid of such tumors at once, for they may become malignant ultimately.

N. L. FOLSOM, M. D.

PORTSMOUTH, New Hampshire.

Tasteless Solution of Quinine.

Editor MEDICAL WORLD:

I will give a useful formula and will ask for one.

Take of—

Quinine	gr. 20
Soda bicarb	gr. 15
Tannic acid	gr. 10
Simple syrup, sufficient	

Mix and flavor with gaultheriæ.

Mr. Editor, do you or any of the readers of THE WORLD know what the paste is composed of that "cancer doctors" remove small cancers with? I should like to hear from you on the subject.

MISSOURI. PRACTITIONER.

[Arsenic has been used locally upon cancers with some advantage. We think that "cancer doctors" use escharotics largely to *eat away* the growths. We are not prepared to give anything more definite than this.—ED.]

Vaginal Injections After Labor.

Editor MEDICAL WORLD:

I noticed in the September WORLD Dr. F. A. Johnston's ideas concerning vaginal injections after labor. I agree with him. I have had only a short experience in obstetrics, but have never lost a case, nor ever had a patient to remain in bed from the effects of labor over a week. I do not wait until the day after labor to use the wash, but as soon as labor is over and my patient becomes quiet and out of danger of post-partum hemorrhage, I use the following injection: carbolic acid, one ounce; glycerine, one ounce; and if there are any hemorrhagic symptoms add a small amount of tannin. Put the above in six ounces of water, then take a tablespoonful of this mixture and put in one pint of warm water and inject in the vagina; to be repeated every other day until the patient is able to be up. I believe, however, that Dr. Johnston's plan, that of injecting every day for four or five days, then every other day is the better plan.

DR. L. B. ESTES.

PALUXY, Texas.

Is Wild Meat Proper Food for a Puerperal Woman?

Editor MEDICAL WORLD:

Thanking you for the many good things I get from your WORLD, I wish to make an inquiry. Will wild turkey, venison or squirrel have any deleterious effect on a healthy woman after confinement? I had a case in August last, child two weeks old, mother doing well, and out of kindness I sent her a venison ham, fresh, not killed over four hours. She ate a steak for supper that evening and for breakfast the next morning. She was taken suddenly with a chill, high fever following which continued for five days. All the old women said it was the venison, for old Florida doctors say, never to allow a woman to eat wild meat for thirty days after delivery. Please tell me where they get the idea. I have been practicing for thirty years and I can find nothing to warrant the assertion that good, fat venison, turkey or squirrel will cause any trouble.

LEVYVILLE, FLA. J. H. CLAYWILL, M. D.,

Nitro-Glycerine.

Editor MEDICAL WORLD:

In September No. of your excellent journal, I find and article stating that "The French Academie de Medicine has awarded a special prize to Dr. Wm. Murrell for the 'discovery' that nitro-glycerine is an almost infallible remedy in angina pectoris". By referring to your journal for May, '85, you will see that I am on record for the *same item*, having then used it in five or six cases, and have used it in three cases of angina since then. I first began to use it for angina pectoris and kindred diseases about three years ago, and have never seen it fail to relieve in any case where there is morbid contraction of the arterial circulation. I do not consider Dr. Murrell entitled to any special credit for any such "discovery" as mentioned. I have also found it of *much value*, a specific remedy, in cases of mania a potu, alternately with chloral hydrate and potassium bromide. I have tried the two latter remedies *without* alternating with "glonoin," but find much quicker and better results with it.

I have just been reading Dr. E. L. Perkins' item of "An Undeveloped Head." In my opinion it was not the quinine that arrested the growth of the brain, but was a case of brain disease which caused the *chills* which quinine failed to arrest.

W. B. STEERE, M. D.

PIERRE, Dakota Ter.

[Several years ago, we do not know just how many years, Dr. Murrell noticed that the action of nitro-glycerine was quite similar to that of nitrite of amyl, and from this concluded that it might be useful in angina pectoris. This so proved upon trial. Dr. Murrell afterwards made one hundred and fifty sphygmographic tracings under nitro-glycerine, and compared its action upon the arterial circulation to that of nitrite of amyl, showing them to be similar. All this was then new to the profession; the awarding of the prize only is recent.—ED.]

The Cause of Eclampsia.

Editor MEDICAL WORLD:

In your issue of September appears an article on puerperal eclampsia, to which I respectfully send the following answer, as correspondent asks for a cause of this eclampsia.

Eclampsia is brought about often by an affection of the kidneys, and it is universally admitted by the profession that the retention of the secretion of the kidneys is either the only or the paramount cause of puerperal eclampsia. Various other causes have been admitted, and I wish to say that my professional brother, Dr. Gardner, may have overlooked a hypertrophied state of the heart, which is always present in pregnant women, and is very apt to contribute to the onset of eclampsia.

There are only two causes known, both of which invariably produce epileptiform convulsions; they are: ligature of the cerebral arteries, and the retention of urine and its ingredients in the system, either or by deficiency of the secretion on account of nephritis, or by mechanical retention. As the changes of the kidneys in pregnant women are altogether different from those in nephritis, we have to accept a mechanical disturbance of the secretion of the urine. This mechanical obstruction is caused by flexion, infraction or stretching of the ureters. An abnormally distended bladder, or a resistance in the urethra will have the same effect as an obstruction in the ureters.

The opinion of my esteemed professional brother as regarding embolism as a cause of the eclampsia, I cannot concur with, but fully agree with the Editor's opinion that it would have caused some sort of paralysis, if not death.

WILLIAM H. OLSTEN, M. D.

EPHRAIM CITY, Utah.

Wolcott's "Pain Paint."

Editor MEDICAL WORLD:

Dr. Killough, of Brooklyn, Mo., asks for formula of Wolcott's "Pain Paint." I have

made an article closely resembling this, and answering the same purpose, by taking:

Oil of peppermint.....	dr. 1 to 2
Dried mint leaves, finely pulverized...	dr. 1 to 2

Moisten the leaves with the oil, enclose in lead wrapper (to prevent evaporation), leave enclosed a few days, then dissolve in four ounces of alcohol; add twelve ounces of water, shake and filter.

I suppose the leaves are merely to color the preparation. It is an excellent local application in the headache of fevers.

Please publish the formula of Dr. Feries "Purgative Pellets."

A. CRULL, M.D.

DITTMER'S STORE, Mo.

Professional "Handles."

Editor MEDICAL WORLD:

Under the heading "Harmony Wanted," in August WORLD, you say "Every reputable physician who has not a handle to his name," etc. Now it looks to me that "regular" is as much of a handle as "eclectic" or "homœopathic." I simply call myself a *physician*. The Golden Rule is my code. I have observed that a man might be the biggest kind of a scallawag and yet live within the "code." Look at the articles from Pine Reilly (I think,) published in the *Medical Record* a few years since. They showed what could be done within the code.

A. JACKSON HENRY, M. D.

ROCHESTER, N. Y.

[The title, *physician*, is all that any medical man should wish. The "handles" "alopathic" and "regular" have been applied to the main body of the medical profession by the sects. We would like to see *all* professional "handles" done away with. The Golden Rule is a code that cannot be improved upon. The best way to deal with the sects is to absorb them into the main body of the profession. We hope that the bigotry that caused the separation is on the decline.—ED.]

Do not fail to send for "Official Formulæ of American Hospitals." Price, only $1.

Opinions Wanted.

Editor MEDICAL WORLD:

I had a case recently in my practice that I wish to report and get the opinion of some of your correspondents on such a course of procedure. Mrs. B. miscarried at four months; the child was delivered with little trouble, but when I began to make traction on the tender cord it broke inside the os. I tried ergot and external manipulation to expel the placenta, but failed, and as the patient was very feeble, and had been for some time previous, I decided to let it remain till the uterus took action of its own accord, which it did just seven weeks afterwards, and expelled the perfectly healthy and fresh placenta. The patient lost no blood in the interval, and attended to her domestic duties, and there were but few ounces lost when the after-birth came away.

Will some of the fraternity prescribe for what I think is a sprained ankle? The lady attributes her trouble to a fall which she got about one year ago. I have tried bandages, blisters and liniments with little success. It keeps swollen around the joint all the time.

D. A. MCTAVISH, M. D.

KAWKAWLIN, Mich.

Veratrum a Sedative to the Skin.

Editor MEDICAL WORLD:

Prof. Bartholow's lotion for itching of the skin signally failed in a case in the hands of a neighbor physician recently, as also several prescriptions from other physicians. When called on I prescribed veratrum viride in three-drop doses three times daily, which completely cured in a few days. Veratrum is a true sedative to the skin.

ABBOTT, Texas. J. M. GRIFFIN, M. D.

An Uncommon Case.

Editor MEDICAL WORLD:

On September 3d I was called to see L. W.; I found him with a high fever (104½°) and a pulse of one hundred and thirty. His respirations were very quick, and his expression indicated pain.

He was perfectly well up to noon that day, when he was taken with a chill, followed by fever, severe pain in his side and cough accompanied by "*brick-dust*" expectoration. The pain was very severe and extended from the junction of the fifth rib with the vertebra behind, to its junction with the sternum in front. Pain was very great on pressure at the above points, and it radiated downwards from the fifth rib. He had some headache. His tongue was slightly coated and his bowels were regular.

I gave him a dose of quinine and morphia to ease him and one drop of tincture of aconite root every fifteen minutes until he perspired freely. Had a large mustard plaster applied over the spine at the seat of tenderness and another about midway between it and the sternum. Left calomel and Dover's powder to be taken at bedtime, and quinine to be taken the next day at six, eight and ten o'clock.

I saw him the next evening and he was sitting up and feeling very well. He had no fever, but still had a little pain and cough, but the expectoration no longer contained a trace of blood.

On September 5th he was up and exerted himself a good deal, and had a chill that night. *All* of the above symptoms returned, including the cough and "brick-dust" expectoration. I was called the next morning and found him as before, save his fever was not quite so high. About the same course of treatment was pursued, except that the calomel and Dover's powder were omitted, and the quinine was given with reference to the prevention of "third-day chills." That evening the above symptoms disappeared, and he has not since had a return of them.

The peculiar feature was the "brick-dust" expectoration. All that I could detect by physical examination was an abundance of moist rales in the lower lobe of the left lung, and perhaps a shade of dullness. I diagnosed it a case of intermittent fever of the tertian type, with intercostal neuralgia and accompanied by a great amount of pulmonary congestion.

Had it not been in the summer season, I should have thought I had a pure pneumonia, though I could not find the physical signs of it. Have any of your many readers seen similar cases?

I always put aside my other medical journals until I finish THE WORLD when I receive it. It is *the best* one I receive.

TRENTON, Ky. F. J. RUNYON.

What Constitutes Quackery?

Editor MEDICAL WORLD:

In the August number of your journal I found a communication from Dr. Palmer requesting a free expression of opinion on the question, "What Constitutes Quackery?"

I claim that any one who fully understands all departments of medical science to which he makes a pretention and has the credentials, let those credentials be either in the form of a regular diploma from a regularly chartered medical school having a competent board of professors, or simply a certificate from an examining board appointed by any State or county medical association of the State in which he may reside (either is, to all intents and purposes, a sufficient guarantee of his qualifications) is not a quack.

I also claim that any man having proper qualifications in medicines has just the same right to resort to any and all honorable means to fully place himself before the public as a doctor, as any one in any other business has to bring himself before the people in his business, let it be whatever it may. The simple fact of his being a physician, in my opinion, should be no bar to his right to advertise himself any more than if engaged in any other calling.

We all desire to acquire as much business as possible, and the man who is qualified and sits down expecting the people to come to him without manifesting by some means or other that he wants business, is not likely to get much business, however much he may know.

Indolence lies at the bottom of quackery and poverty, and industry and vitality at the foot of knowledge and success.

M. A. KELLY, M. D.

LEWISTON, Idaho.

[Professional advertising is more a question of delicacy and propriety than of legal or moral right. A merchant may, with unquestioned propriety, advertise his goods, but for a professional man to advertise his knowledge or skill savors much of egotism. While it may not be morally wrong, it is, to say the least, exceedingly bad taste. We are supposing, of course, that the knowledge and skill advertised are actually possessed; if they are not (and they generally are not) it is but little short of criminal to advertise them.—ED].

What Constitutes Quackery?—No. 2.

Editor MEDICAL WORLD:

Two physicians located in a town, both graduates. One is a gentleman and minds his own business. The other tries at all times to impress the public with *his* wonderful skill and knowledge and the great practice he has. He generally carries his medicine case with him wherever he goes—to the meat market, post-office or church. He is very friendly with the first physician when he meets him. Meets him in consultation and tries hard to impress the friends that *his* skill is far superior to that of the attending physician. Visits the first physician's patients without his knowledge and tries to induce them to employ *him* in place of the first physician. Sends word to the first physician's patients that the treatment they are undergoing is not the proper thing. Is constantly railing against him, telling that he made such and such mistakes, making up *whole lies* to injure him.

Is or is not this man a quack?

The profession is *cursed* with many a man of this kind. They are *always* below the ordinary ability of members of the profession, and this is their *stronghold* to keep business.

According to Webster—who is the best authority—Dr. Palmer's man (page 277, August WORLD), is not a quack; yet I think he certainly is guilty of conduct unbecoming in a professional man. But to my mind he is a king compared to the *despicable skunk* above figured; for he does not steal or lie. He makes no larger claims than he can fulfil, and he pays his advertising bills. While I don't approve of his couduct, I do not consider him one-half as much disgrace to the profession as the one I have described. I would be pleased to know the opinion of the profession on this chap.

ONE-WHO-HAS-SEEN-THIS-THING-AROUND-THE-WORLD.

[Evidently "this chap" is a neighbor of our correspondent. A code of ethics that could deal efficiently with such "chaps" would be a blessing to the profession.—ED.]

Treatment Wanted.

Editor MEDICAL WORLD:

I wish some of your readers would give a good treatment for the following diseases:

1st. Acute tonsilitis; what will cause an amelioration of the symptoms in twenty-four hours?

2d. What will reduce the hypertrophy when the disease is chronic, of from three weeks to six month's duration?

3d. Acute cold in the head; what will relieve, and what cure?

4th. What will relieve and cure cold in the head of from one to two weeks standing?

A. JACKSON HENRY, M. D.

ROCHESTER, N. Y.

Sex in Generation.

Editor MEDICAL WORLD:

I was very much pleased with an article in your September issue on "Sex in Generation." I had a sow that gave birth to sixteen pigs, eight males and eight females, all from onc exposure. I suppose that would be accounted for in this wise: she was exposed exactly at the middle of the term of heat, and eight went each way.

OLIVER S. LOVEJOY, M. D.

HAVERHILL, Mass.

Ergot for Headache.

Editor MEDICAL WORLD:

In answsr to Dr. Palmer's request concerning ergot for nervous headache, I cannot remember ever using it alone for that affection, but in cases of over-worked and anæmic females, with pain in the back, extending to the head, I have been successful by the use of the following:

℞	Fl. ext. ergotæ (Squibb's)	ʒ j
	Fl. ext. valerianæ	ʒ iij
	Potass. bromidi	grs. xxx
	Syr. auranti cort	ʒ j

Two teaspoonfuls every three hours, until easy.

S. R. LOVING, M.D.

FOX CREEK, Mo.

Malarial Hæmaturia.

Editor MEDICAL WORLD:

So rife is the present era of our professional history in the production of real or supposed novelties, and, for the last few years, so rich appears to be the results of the labors of its members in the development of new facts, theories and remedies, that I scarcely have the moral courage to commence to write on a subject which has neither the charms of novelty nor the attraction of brilliant or imposing hypothesis to recommend it. I selected this subject for two reasons: first, because the treatment of this pernicious fever has recently been introduced by several of your correspondents for the consideration and benefit of your numerous readers; and secondly, for the reason that I have had eminent success in treating the cases that have occasionally come under my professional care and observation for the last twenty five years. But as your rule (which I admire very much) requires "short articles on the treatment of diseases," I will proceed and give as concise a statement of my general treatment of this disease as possible.

My treatment, principally, can be stated in a very few words; namely: calomel, quinine and diuretics; calomel in small doses, quinine in heroic doses, and digitalis and squills as the case may require. The physician is summoned early in the attack, as the disease is readily recognized by the community. The most prominent symptoms you observe when you enter the sick room is the restlessness of the patient, and a continuous effort to vomit. I at once administer an emetic of ipecac, gr. xxij, and follow soon after with as much tepid water as the patient will swallow. The stomach generally responds to the emetic in a short time and a large quantity of vitiated bile and other secretions are ejected. I still order the nurse to continue giving the tepid water until the stomach is thoroughly washed out. The bowels, in the majority of cases, are obstinately constipated. I next direct attention to having them actively

moved in as short a time as possible. For this purpose I use the following:

℞ Ol. tiglii.... ..... gtt. ij
Alcoholis..... fl. ʒ iv

M.—Sig. teaspoonful well mixed with mucilage of acacia, every hour until bowels are well evacuated.

After the second dose I order a copious enema of warm water, soap and salt. In the majority of cases the bowels are well moved without another dose of the mixture. I then get as correct a history of the case as possible, pulse, temperature, condition of the tongue, etc. I then proceed to prepare ten powders, each containing one grain of calomel and five grains of subnitrate of bismuth, one to be given in starch gruel every hour; every third hour I add to the above powder one-eighth of a grain of digitalis and one-fourth of a grain of powdered squills. Every tenth hour I add two grains of compound extract of colocynth. This comprises the calomel treatment, except at night when the patient is resting well, I order the powder given at intervals of two hours, doubling the dose. I pursue this treatment as long as the urgency of the case requires, but I modify and change as necessity may require.

The quinine treatment I commence as soon as the bowels are well evacuated, and perfectly washed out with copious injections of warm water. I never give, in this disease, quinine per os while the stomach remains irritable. For the first dose of quinine I use twenty grains, with six ounces of water, and add a sufficient quantity of aromatic sulphuric acid to make a perfect solution. With an old-fashioned eight-ounce syringe (new or well cleaned) I inject the solution forcibly up the rectum and have pressure used to retain it—and I would here emphasize the importance of using the quinine as above directed, as the addition of starch gruel or mucilage of any kind prevents the prompt absorption of the remedy. I also prepare an ointment by incorporating two drachms of quinine (after having rubbed it up well with sufficient aromatic sulphuric acid to break down the crystals to facilitate absorption) with two ounces of vaseline, and direct a sufficient quantity to be well rubbed under the arms and on the inner side of the thighs every two hours. I also use the quinine hypodermically when I think my case requires more than can reach the circulation in the above mentioned ways. In unusually violent attacks I generally use two or three drachms of quinine in twenty-four hours during the first few days of treatment.

In addition to the above treatment, I direct stimulating poultices to the epigastrium, use stimulating foot-baths, have the spine frequently rubbed with a stimulating liniment, use anodynes and hypnotics when necessary. I give liquid food from the commencement of treatment, occasionally combining alcoholic stimulants with nourishment, and, last but not least in importance, I wash out the bladder perfectly with tepid water to which is added one per cent. of carbolic acid. I will also add that I have the patient sponged over the entire body once in twenty four hours with whisky diluted.

I hope that your numerous readers will exercise the same spirit towards the writer of this article that has induced him to promulgate these views.

A. J. HODGE, M. D.

YORKTOWN, Texas.

Treatment of Malarial Enlargement of the Spleen.

Editor MEDICAL WORLD:

J. A. H. of Sand Cut, Pa., calls for prognosis (?) of a case reported in August WORLD. It seems that he is very uncertain about his diagnosis too. From his description of the case, I should judge that the patient is suffering from chronic malaria (if I may use such a term), together with enlargement of the spleen. Leucocythæmia can only be diagnosed satisfactorily by the microscope. If a drop of blood, under a microscope of 250 diameters or more, shows the white corpuscles to be one to six, or one to four of the red corpuscles, then you have a case of leucocythæmia. And if so, the patient should be told to "set his house in order," for the disease is practically incurable. Of course there are other symptoms, such as debility, anasarca, vomiting or diarrhœa, hemorrhages from nose or gums.

I think, however, it is an enlargement of the spleen from malaria, and would advise, if tongue is coated, and stools of a clayish or whitish cast, to give a mercurial purge, viz:

℞ Hydrarg. sub. mur.....
Potassæ nitras.....
Sodium bicarb.....āā... grs. xx
Pulv. Doveri ..... grs. iij

Mix and divide into three powders and give one every two hours.

If it fails to purge, follow with castor oil and turpentine in ten hours. Then cinchonize the patient thoroughly even if you have to give sixty grains of quinine in twelve hours.

For the enlarged spleen I have found the following to answer admirably:

℞ Tinct. ferri chloridi..... ʒ jss
Sulph. quiniæ..... ʒ j
Sol. arsenit. potass..... ʒ iij

Dissolve quinine in tincture of iron, add the Fowler's solution, then add water sufficient to make eight ounces. Dose, dessertspoonful three times per day.

For Constipation:

℞ Cascara sagrad.....
Berberis aquifol.....āā... ʒ j

M.—Sig. Teaspoonful night and morning.

This is an intensely malarial district, and enlarged spleens are the order of the day. Indeed, I frequently have cases in which the spleen bulges out the patient's abdomen, making them look as though they were seven or eight months pregnant. Like Dr. Thornton, my sheet anchors are calomel and quinine; yet I rarely have a case of salivation, and I certainly do not encounter any of the evils that are such bug bears to Professor Scribner's mind; still I can't endorse Dr. Griffin's treatments of croup and cirrhosis.

J. A. CULLOM, M. D.

HAUGHT'S STORE, Tex.

Questionable Practice.

Editor MEDICAL WORLD:

In order to hold his practice and not miss a case of obstetrics, J. H. L. tells us in the September WORLD that he has been accustomed to give morphine to retard labor in one case, and by "appropriate measures" accelerate labor in another case in order to attend them both. He undoubtedly made money by it, but the question arises whether his course was a truly honest one, and whether it can be called professional integrity. Has a physician a right to either retard or accelerate nature's work for money or business?

A. P. HEICHHOLD.

REYNOLDSVILLE, Pa.

Tried Formulæ.

Editor MEDICAL WORLD:

Please give formula of Dr. J. C. Cram's "Lightning Fluid," made in Philadelphia. I will give my treatment for diphtheria with high temperature.

(No. 1.)

℞ Chlor. potass. pulv.....
Ammonia mur. pulv.....
Hydrastin.....
Cinchonæ sulph.....āā... gr. ij

M.—Sig. Give the above in a teaspoonful of sweet milk every two hours, to children. Alternate with the following:

(No 2.)

℞ Chlor potass..... ʒ j
Tr. ferri mur..... ʒ ij
Glycerinæ..... ʒ iij
Syr. simplicis.....ad... ʒ ij

M.—Sig. Tablespoonful alternately with ℞ No. 1, every two hours.

I carry this ℞ No. 1 in bulk, prepared in powder, in pocket-case for any emergency.

For convulsions in children:

℞ Tr. opii camph..... ʒ ss
Spt. ætheris sulph. comp..... ʒ iij
Spt. lavandulæ comp..... ʒ j

M.—Sig. Ten to thirty drops in a teaspoonful of sweetened water, every twenty minutes.

I heartily recommend this remedy for chills:

℞ Quiniæ sulph..... gr. xxx
Acid. sulph..... gtt. x
Liq. potass arsen..... ʒ j
Ext. nucis vom..... gtt. x
Aquæ.....ad... ʒ iv

Mix.—Sig. Tablespoonful every four hours when fever is off. (Sure cure.)

C. B. SANFORD.

CAPIOMA, Kan.

On the Action of Drugs.

Editor MEDICAL WORLD:

Are opium and belladonna, or morphia and atropia incompatible? Books and toxicologists say they are, and authors and toxicologists should know whereof they speak. In opium or morphia poisoning the physician is advised to prescribe belladonna or atropia to counteract the poison taken, and vice versa. In fatal poisoning cases where these antidotes have been administered without effect, we are told that the poison had been too long in the system before the antidote could have been employed. A hypodermic injection enters the circulation at once and the effects of the drug are felt by the patient in less than five minutes, and hence, "the poison too long in the system" should be no reason why it should not be counteracted. The two daughters of the New Jersey millionaire who were recently poisoned by a druggist putting up ten grains of morphia sulphas instead of ten grains of quinia sulphas, died. Physicians were called in and it is presumed that the usual antidotes were administered. To counteract the poisonous effect of ten grains of morphia would require not less than one grain of sulphate of atropia, or even more, and, would not the two combined as surely kill the patient as either one given separately?

Several years ago a four-weeks-old child was given the eighth part of a fourth of a grain morphia pill, the physician cutting the pill with his pocket knife into eight equal (?) parts. An hour later I was called hurriedly to see the child and found it laboring under spasms, cold extremities, insensible to pain, pulseless and now and then a long breath. Child could not swallow, so I could not administer an emetic. Gave it a hypodermic injection of three drops of

fluid extract of belladonna, hot bricks to its feet, synapisms over the abdomen and on its legs, and one hour after the first injection I repeated. Two hours after the second, I injected three more drops, nine drops of belladonna in all, but the child died eight hours after having taken the morphia. The child had partly rallied, could swallow, its heart seemed to resume its action, breathing more natural, but then it would again pass away, pulse at wrist gone, face pale as death, lips blue, breathing suspended for a minute or more, and then return; but suddenly it remained suspended and it passed into the hands of the undertaker. The fractional part of the morphia pill was prescribed and given by the physician himself for infantile colic, from which the child occasionally suffered, but was otherwise healthy; he was treating the mother homœopathically for nervous debility.

Recently I attended a married farmer, aged 47 years, often under the influence of cheap whisky, who was taken with a severe attack of sciatica. I treated him antiphlogistically, blisters along track of the nerve, followed by quinine and morphia in doses large and frequent enough, as a homœopath would say, to kill the devil. The pain was constant, but more severe in the morning. Gave him quinine grains three, morphia gr. three-fourths, at five, six, seven and eight o'clock every morning, the same dose repeated at three P. M. and at nine P. M. Continued this treatment for nearly two weeks, with the addition of fluid extract of jaborandi, and applied hops and bran, as hot as could be borne, to the leg for several days, and then exchanged for hot medicated applications, and no improvement. Patient had allowed me in the mean time one hypodermic injection of morphia and also the insertion of one acupuncture needle. His tongue had remained clean, appetite fair, could sleep at night, but pain would return. I now changed the quinine and morphia treatment to morphia, quinine and calomel, (doctors will change) for another week, with results rather worse, tongue coated, pain in bowels, difficulty in micturition; and I again asked permission to use my hypodermic syringe, which was granted with considerable reluctance. I now introduced under the skin morphia sulphate gr. three-fourths, atropia sulphate gr. one-fourtieth, nothing more to be taken until seen next morning. Pain much better, had slept, but still uneasiness in bowels. I repeated the same quantity of morphia and atropia by injection, and ordered patient to take no further medicine. In two hours I was sent for, the family greatly alarmed, the messenger saying, "come immediately, patient is as poorly as he can be." I said, "go home; it is all right; I will follow," which I was not in a great hurry to do. Found patient delirious, scarlet rash, involuntary contractions of muscles of arms and legs, restless, eyesight impaired, did not recognize his friends at all times, and seemed rather under the influence of something. At last! a change for better or worse, thought I; but hoped for the better. I found nothing alarming; kept cool; prescribed aromatic spirits of ammonia and Hoffman's anodyne, equal parts, to be taken in teaspoonful doses every two hours; promised to see him in the morning, and left. On my arrival patient smiled, mind pretty clear, eyesight still impaired, pupils dilated, could not sleep, pain nearly all gone, tongue clear, appetite fair, urine passed freely, pain in bowels gone, remembered very little of the day previous after the injection. Continued same treatment. Could not sleep, otherwise improving, pupils still dilated and talked a little faster than usual. As a hypnotic gave bromide of potassium, chloral hydrate and morphia. Could not sleep and was a little more delirious, hence discontinued treatment. Patient is now doing well and wants to get up.

Since physicians are never willing to admit any professional mistake of their own, instead of calling it a case of morphia and atropia poisoning, which in reality it was, I will say the therapeutical effects of morphia and atropia were fully manifested. (The poisonous effects of both remedies were apparent.) I am convinced in my mind, from experience, that morphia and atropia, or opium and belladonna are not incompatible, nor one an antidote for the other when given in poisonous doses; but when properly combined they may be great therapeutical agents.

When a physician gets himself unwittingly into a scrape, which few escape doing, he should find an honorable way to get out. I told the family that desperate diseases at times required desperate treatment, and that the therapeutical effects of remedies were not always the same in different, or in the same individuals. A very small quantity of tobacco placed in the cavity of an aching tooth, many years ago, cured me of toothache but made me desperately sick. I had to stop work, went to bed, fell asleep, awoke next morning all right and toothache gone. Some years ago I extracted a tooth for a man; his jaw got sore and he drank whisky to get "dead drunk," or, as he thought, enough to kill the pain. It relieved the pain but he got perfectly wild. On my arrival he was talking incoherently. After a long time I persuaded him to take a dose of opium, on the assurance that I could cure him. He went to bed immediately, fell asleep and awoke next morning all well and toothache cured. How

much whisky he had drank was not known, but it was supposed over a quart. Medicines sometimes affect the system severely when there need be no cause for alarm. My coolness kept the family cool, yet I felt, as the tadpole said when his tail dropped off,—I wondered what the deuce was going to happen next.

FRANK R. BRUNNER M. D.

BECHTELSVILLE, Pa.

[The young ladies poisoned in New Jersey did not take the entire quantity dispensed; the ten grains were divided into powders (we do not know how many) and each took one powder, which unfortunately was enough to kill. —ED.]

Tobacco-Hop Poultice.—Treatment for Diphtheria.

Editor MEDICAL WORLD:

The object of this article is to induce the professsion to test the "tobacco-hop poultice." If it has ever been tried for any complaint before it originated with me, I am ignorant of the fact.

It has proven, in my hands, one of the most wonderful remedial agents in a practice of a dozen years. I wish the profession to test its value in all diseases of the eye, such as neuralgia, conjunctivitis, inflamed eye-lids, etc., and diphtheria, sore throat, enlarged glands, rheumatism, sprains, lock-jaw, chronic ulcers, old sores, colic, croup, orchitis, constipation, asthma, rigidity of parts, etc.

To make this poultice, take equal parts of hops and tobacco leaves, pick them in small pieces and wet them in hot water; add just enough corn meal or flaxseed meal to form a poultice. Apply over the seat of pain until its physiological effects have developed, and as soon as apparent remove the poultice for a longer or shorter time. The physiological effects are nausea, giddiness, blind feeling, vomiting, etc., which may be developed in from ten minutes to two hours. If the physiological or toxical effects do not quickly disappear, administer a little stimulant or an acid; but without either of these aids the symptoms soon disappear. Of course other indications require other treatment, which may be suggested to the attendant.

In one case, that of a married lady, after delivery of a child, severe ophthalmia with excruciating neuralgic pain developed, together with partial loss of feeling of one side of the whole body. I tried everything that books and experience could suggest without apparent benefit. I then applied the tobacco-hop poultice over the eye. The result was magical.

A case of diphtheria was treated by my lately adopted plan, which, having heretofore acted quickly and charmingly, proved a little tardy in this case, until the tobacco-hop poultice was applied around the jaws and over the throat. The next day the case was dismissed cured.

My treatment in diphtheria is as follows: calomel and santonine powder, small doses, followed by castor oil; gargle or mop throat with tinct. ferri chlor., chlor. potass, tinct. capsicum, etc., combined, alternated with a gargle of white coal oil. Internally—quinine and whisky, and small doses of spirits of turpentine three times a day, given in milk. The throat should be bathed on the outside with coal oil and turpentine combined, and the patient should breathe the fumes of burning pine tar and spirits of turpentine mixed, several times a day; and last, but not least, the tobacco-hop poultice. For the fever and other indications to be met, your own judgement must suggest. Try it, gentlemen.

J. ZACK TAYLOR, M. D.

DEAL'S ISLAND, Md.

Comments and Replies.

Editor MEDICAL WORLD:

Dr. Elmore Palmer, in August number of THE WORLD, asks if a certain description which he there gives, would, if rightfully applied to a physician, constitute him a "quack." No! Such a course—advertising and distributing circulars—only constitutes him an "irregular." An "irregular" is simply one who departs from the course, or never abided by the course, laid down in the constitution and by-laws of those societies which are composed of practitioners who practice according to the system once called allopathic, and now termed "regular." The term "allopathic," by the way, was, I think, not of the regulars' own coining, but was originated by Dr. Hahnemann to distinguish "old school" from "new school" physicians. Dr. Palmer has, then, described an "irregular," who may or may not, according to his character and skill, be deserving of patronage.

Dr. Palmer's answer to the question "What is the best antagonist of alcohol?" is a good one; but I am afraid he is too sanguine regarding the readiness of the American people to take it. Eight out of ten of the causes of the alcohol appetite are, in my opinion, pre-natal, or hereditary. The question, as asked by Dr. Bergk, was meant, I suppose, to be an inquiry as to what is the best antidote for alcoholism. My answer would be to first

clear the digestive tract thoroughly; then administer, in teaspoonful doses, every three hours, the tincture of *Cinchona rubra*. Use a saturated tincture made from the small twigs. Use it as above, every three hours, for four days, then decrease the dose to one-half teaspoonful. This remedy will create a disgust for liquor. If, with this treatment, the physician will also arouse the patient to a sense of his manhood by judicious friendly advice, a cure will often be effected.

The editorial on the first page of August WORLD breathes the proper spirit, especially in its concluding sentence, which reads: "We hope to see the time when the profession in this country will abolish all code controversies, and harmoniously give its undivided attention to medical science." This result, however, connot come about by either the "old school" or "new school" endeavoring to annihilate or swallow the other. Harmony can be attained only by each courteously and honorably giving the other credit for whatever credit is due in each and all departments, standing up to the rigid investigation of all differences in opinion and practice like true men, and not selfish partisans, willing to abide by, or discard all that will or will not stand the test of actual trial at the bedside. Let us treat all practitioners courteously, no matter what their school may be. Let us consult with whom we please as long as they are honest men and women, and not submit ourselves to subscribe or follow any society dictation which seeks to bind us to unfairness to our fellow men.

If I should be called to such a "typical case" as is described on page 277 of THE WORLD, I should *not* give anodynes or physic, but I should *immediately* give a *large* injection of soap-suds and molasses. Then I should put thirty drops of tincture of *dioscorea villosa* into one-half tumbler of cold water, and give one teaspoonful of the mixture every fifteen minutes for an hour; after that the same dose once an hour. Relief will generally be almost immediate. This is homœopathic treatment, but it is effectual. If this does not relieve the digestive organs, give a mild cathartic (castor oil) and continue the dioscorea. When there is any danger of a stoppage, any narcotic is a positive injury.

I have tried the morphine treatment in the first stages of labor, and think that I have seen injury to both mother and child in fifty per cent. of cases. The administration of ergot, also, in the first stages of labor, when everything is progressing normally but slowly, is liable to cause mischief. It is often done by the busy physician, to hasten matters, but it is not good practice.

Just one more point regarding cases of diarrhœa. Let them have *no* narcotics, and *plenty* of water—not iced-water, however. By the way, the alarming increase in the number of kidney troubles is, in my opinion, due very much to the immoderate use of iced drinks.

W. W. GLEASON, M. D.

PROVINCETOWN, Mass.

A Suggestion.

Editor MEDICAL WORLD:

For the benefit of those who have not an improved hypodermic syringe, I will suggest leaving a little distilled or clear water in the barrel above the piston. The water will not dry up for weeks, and the instrument will always be ready for use. the piston fitting tightly.

W. T. LAWSON.

DANVILLE, Ind.

Treatment of Asthma, Hydrocele, Etc.

Editor MEDICAL WORLD:

Hydrate of chloral in asthma was lauded by Rufus W. Griswold in your September number. Correct for a true asthma without emphysema, cardiac or renal lesion, and to subdue a single attack, but for a final cure hardly ever sufficient, Dr. G.'s case to the contrary notwithstanding. Much more lasting results, even in presence of a mild degree of emphysema, I have had from pretty stiff doses of Fowler's solution, steadily increased until distinct symptoms of poisoning occur. Stop for a couple of days at that emergency, then you can go ahead again for a time, increasing yet until symptoms of poisoning occur again. Here diminish the dose merely and keep it up for a month, slowly diminishing afterwards to naught. In that way I have permanently cured a case of twenty years' standing, where the attacks occurred at least once a week with extreme violence. Ditto, several lighter cases. Only in one case I met with a total failure. The same treatment is the most efficient in chorea.

The nose should be examined in every case of asthma, and treated according to what you find. I have cured two cases of asthma by removal of polypi from the nose. In the first case the asthma returned after two and one-half years, probably because the patient broke a femur. Examination of the nose was excluded by circumstances. I gave the arsenic and cured the patient. Three days ago he came reporting a return of the asthma for the last two nights (after two and one-half years have passed away.) I found that a couple of

polypi had grown again. Removed them. I expect confidently the asthma will now stay away.

You cite Mehling, of Geneva, recommending the old-time incision for hydrocele. Volkmann is the man who has reintroduced the proceeding. Injection of Lugol's solution, after emptying the sac, has cured every case of mine permanently. I use the following strength:

R	Iodi.....	ʒ j
	Potass. iodidi.....	ʒ ij
	Aquæ dest.....	ʒ j

M.

Failures with this solution I have seen only once; then I did not retain the solution long enough. I had to repeat the injection. It should remain five minutes time *by the watch* before you let the solution run out.

For cracked nipples nothing will beat a two-per cent. solution of argentum nitricum, painted *every time* after nursing. It seems to me a preventive of abscess when rigidly enjoined and resorted to at the least little bit of a crack.

For swelled testioles, orchitis or epididymitis you have a "working formula" on page 315, Sept. WORLD. I think the best is to do nothing. Let the patient rest in bed for a week, with a pillow supporting the scrotum, and give him something to make him sleep, if natural sleep fails to appear. Unless you think "something has to be done," that will do in a gonorrhœal case.

DR. MARCELL HARTWIG.

BUFFALO, N. Y.

A Case of Abortion and its Consequences.

Editor MEDICAL WORLD:

Lady, married, aet. 25, mother of one child three years old, applied in the fourth month of second pregnancy for relief from marked œdema of pudendæ and intolerable itching and burning thereof. Health otherwise good. Prescribed sal. Rochelle and potass. bi-tart. internally, and, externally, lotions of zinc. sulph., plumb. acet., acid phenic, ext. gelseminum, and everything beside that a modicum of brains and an experience limited to two previous cases suggested, but with the least of success. Patient said she felt a trifle better just because she thought I wished her to, I guess, and the œdema was slightly reduced. One month later I was called hastily to a case of incessant vomiting and excessive nervous agitation. (A man on same street had that morning opened his jugular with fatal consequences, and her gossiping neighbors, while knowing her to be afflicted, or affected, with "weak nerves," had the whole harrowing tale unfolded.) Half sick myself, and more than half disgusted, which the sequel proved I should not have been, but which previous experience with the case easily made possible, I prescribed some bromide and left, only to be summoned in the morning, by three rapidly succeeding and breathless messengers, to a case of premature delivery, which was fortunately and quickly accomplished, a slightly decomposed fœtus, but apparently healthy placenta quickly and *entirely* being expelled.

All was serene and quiet for two days, when after a suddenly occurring, copious and quickly ending discharge from left nostril, a most troublesome, excoriated and inflamed patch of cuticle, involving right and portion of left cheek and whole of alæ nasi and lips, presented for consideration. The pulse ran up to 150, slight fever and anorexia came on, and a fright generally. Blebs and excoriations occurred nowhere else save two points, the size of bird shot, on left middle finger. Under tr. ferri and pulv. cinchona liberally internally, and ext. hamamelis and afterward ungt. bismuthi externally, the patient made a speedy recovery; slight scarring of one and redness of the other cheek now remaining at expiration of one month.

I concocted some explanation of nasal or antral phlegmon with icherous discharge, etc., to satisfy patient and friends, but must confess I do not know just what the trouble was. If it were pyæmic, as some might say, it comported itself rather oddly. E. J. W.

TOTTENVILLE, N. Y.

Medicine in South America.

Editor MEDICAL WORLD:

Some time ago the *Argentine Republic* was cracked up as a good place for doctors. I enclose a full but plain unvarnished tale from B. L. Hill, who has been there about thirty years, and was interviewed extensively by the *Herald* and *Tribune* of New York. Those M. D.'s going south will find it not quite the El Dorado for either doctors or dentists.

Will any one give the formula for "Allen's Anti-fat"? It seems to be mostly molasses and water.

Will Doctor Elmore Palmer give to the WORLD's readers in his own happy, graphic style, a pen picture of the faculty, college, hospital, etc., at Boulder, Col., where medical tuition may be had on the half-shell *free*—where the healing art (unlike modern religion) may be had without money and without price?

F. HECTOR SMITH, M.D.

MAMARONECK, N. Y.

DR. T. H. SMITH, MAMARONECK, N. Y.

Dear Sir:—In reply to yours received on

my return from a run up the country, I beg to say that in Uruguay and the Argentine, physicians and dentists are numerous, yet *good* ones seem to thrive. Living is not dear: I think cheaper than in the United States, though much depends, of course, on the housekeeper and mode of living. Beef and mutton are good and very cheap; also vegetables, fruits and fish. A good, modern, comfortable house in Montevideo rents for from $25 to $100 per month, according to size and locality.

Physician's fees are usually, within city limits, $2 per visit. Operations conventional. Dentist's prices according to class of work; there are many who do bad work—cheap, tramp, incompetent dentists. For good work, fillings of silver, $2 are paid; gold, from $2 to $20. Sets of rubber (don't remember correct English name) $35, or $70 for full set, upper and lower; very little done in gold sets of teeth nowadays. The good dentists are mostly Americans. A new dentist, without the Spanish, would need a long time to get a paying practice unless he joined some established house.

There are several English doctors in Montevideo and Buenos Ayres but no Americans. doctors. On presentation of proper diploma, can get permission to practice until they acquire Spanish enough, which is easy to learn, to pass examination before Board of Doctors. A knowlege of French is an advantage If a man when known, is reputed competent, the examination is a mere form. While the River Plate country has an excellent climate and is considered very healthy, I find that doctors are kept, as a rule, pretty busy—called, I presume, for mere trifles. As to the prevailing diseases and average mortality, people die of all diseases as in the United States, no particular disease prevailing; at this moment don't remember average mortality.

Socially, these countries cannot be excelled. The people are very intelligent, kind and hospitable, particularly attentive to strangers. Pray excuse this scrawl, written very hurriedly, as I am very much pressed for time.

Yours to command,

B. LORENZO HILL.

Dead Fœtus Carried for Six Months.

Editor MEDICAL WORLD:

About the 15th of September, 1884, Ellen G., about 30 years of age, missed her monthly time and subsequently had all the symptoms of being pregnant. She increased in size until the month of April, when her appearance indicated that she would be confined in six weeks or two months.

From that time she continued gradually to decrease in size, and in June had assumed her normal figure. She lives within two hundred yards of me, hence she was seen almost daily, and you can imagine my surprise when, at the time I expected to be called on to attend her, all signs of pregnancy had disappeared, except the return of the menses. Though she was aware of some unusual occurrence, it being her third pregnancy, she made no complaint, her health being perfect and being able to attend to all her household duties. I was as much surprised as herself at the strange turn of events, though made no examination to determine the cause until the 29th of September, twelve and a half months after the cessation of the menses, when I was called and found symptoms of labor; in placing my hand on the abdomen I found the uterus to be slightly larger than the double fist, and the navel sunken; I was then doubtful of pregnancy, but on digital examination found the mouth of the womb sufficiently open to admit my finger, which came in contact with the fœtal head; in two hours she was delivered of a dead child closely enveloped in the membranes, without a particle of water either in the sack or during labor, the child and placenta coming away together without a sign of blood.

In questioning the patient, after the occurrence, to satisfy my curiosity, she remarked that she felt the motion of the child in March but not since, and that there had been dripping of water from the womb, and when she coughed or sneezed it would come with a gush. This then explains the reduction in her size, also the death of the fœtus. From the size of the child I would suppose it to have been about a six-month utero-gestation, hence it must have been in the womb about six months after its death, without producing any symptoms of ill health or inconvenience to the mother. There was no disagreeable odor when the child was delivered, nor when the sack was torn off to see the condition of the child.

Have other physicians known dead children to be carried such a length of time, with no sickness or inconvenience as a result?

G. W. KEMPER, M.D.

PORT REPUBLIC, Va.

Reply to Enquirer.

Editor MEDICAL WORLD:

In August WORLD, I notice a "Typical case for Treatment," by Enquirer. Although Enquirer may be much older in the cause than I am, I will nevertheless, tell him what I have done in such cases as he mentions. If the colicky pains are severe, I give fluid extract of

dioscorea, either Thorpe and Lloyd Bros., or R. A. Hance's manufacture; afterwards I give a cathartic—podophyllin and rhubarb, or podophyllin, leptandrin and sanguinaria, or sometimes, a saturated solution of sulphate of soda and nitro-muriatic acid, or Epsom salts in lieu of the soda will do as well. I give enough to act freely, and as most of my cases have been children, I caution the parents to keep the bowels open. Whether right or wrong, this is what I have done. Others may have something better; if so, let's have it. In conclusion I will state that we have had a great deal of bowel trouble here this summer—"flux," cholera infantum, acute enteritis with spinal and cerebro-spinal meningitis. The enteritis and meningitis have been extremely fatal. I hope Enquirer or some other brother will be kind enough to give a treatment for any or all of the above in the next issue of THE WORLD.

SUBSCRIBER.

MT. PISGAH, Ark.

Comments.

Editor MEDICAL WORLD:

The following comments are offered on articles appearing in the August number of THE WORLD.

In reply to Dr. Palmer's hypothetical question in regard to quackery, I should call the man in question *a quack*.

In regard to the Doctor's treatment of the alcohol question, I must say I am *not* a believer in his policy, and I hope I may never see a prohibition party of such dimensions as he suggests. Do not misunderstand me. I am not a drunkard, a moderate drinker, or any drinker at all; but if there is anything that ought to disgust thinking men it is the way the so-called prohibition party have conducted themselves, especially in the State of New York. They have repeatedly "played the game into the hands" of those who drink the most alcohol, and who desire the control of the liquor traffic. But, of course, this is not a *political*, but a *medical* journal, and political matters do not enter into its composition.

I believe with Dr. Tice that morphia will retard labor, or, perhaps, more properly speaking, suspend the false or spurious pains preceding labor. I believe, however, that cases do occasionally occur where it is proper to administer it, but I believe them to be few and far between.

In regard to the treatment of cholera morbus, or threatened cholera morbus, where there is excruciating pain, I believe the best treatment at the first, to be a hypodermic of morphia.

In regard to the editorial, "Progress in Obstetrics," I fully concur with the editor. I was taught to give a teaspoonful of ergot immediately following *every* case of labor. I began to think that this was a useless measure unless indicated. I believe there are cases which demand it, but they occur only occasionally. I may be wrong in my practice, but until convinced of the same I shall continue in my present course.

F. W. PUTNAM, M. D.

BINGHAMPTON, N. Y.

Aid Asked For.

Editor MEDICAL WORLD:

I have often meditated jotting down some few thoughts gleaned from nearly twenty years of practice but the rather rough handling some of your correspondents get at the hands, or rather from the pens of others, have made me hesitate lest I should come in for a liberal share. Just here allow me to suggest that all those taking upon themselves to criticise the effusions of others would, ere they write, just place themselves in the position of the criticised and ask themselves the question, *"How would I like to be dealt with?* and then write accordingly.

With your increasing circulation would it not pay to reproduce the earlier issues of the WORLD? I suppose all the new subscribers are as desirous to get them as I am, and as doubtless future subscribers will. I have profited much by the many hints I have had from time to time from THE MEDICAL WORLD, and I intend shortly giving some items for the benefit of some of my young confreres. At present I wish to elicit opinions—diagnosis, prognosis and treatment of a case I now have—not only from the Editorial Staff, but from as many of your correspondents as may hope to throw light upon the subject.

The patient, a female about 36 years of age, has had five children, two still-born, the youngest about 12 years. She is regular in menstruation, slightly costive, plump form but rather pale. Appetite fair, tongue clean, pulse rather weak, otherwise normal. Has had displacement of uterus, but that organ is now pretty well in place; secretion from kidneys clear and light in color, no albumen; temperature normal.

She is subject to hallucinations, principally about her husband, thinking he is constantly drinking, gambling and associating with bad characters. All this I know to be purely imaginary and untrue. She has sufferd from "fits," or convulsions, for two and a half years, sometimes having only one or two a month, at other

mes as many in a week. I never saw her in hem, but they are described as beginning with noise between a crowing and a moaning and hen passing into a fit which may last from a w moments to an hour before consciousness fully restored. The harder the fit is the onger it lasts, and vice versa. The medicines he has had at different times, as far as I know find out, are bromide of potassium, hyoscyamus, valerian, assafœtida, ergot, nux vomica, trychnia, iron, gentian, mineral acids, cod-iver oil, malto-pepsin; and, for costiveness, pil. erri et aloes.

Sometimes a douche of cold water has shortened the fit; at other times by her husband taking her hand in his and sharply slapping the palm.

I find that some of her relatives have suffered in a similar manner—her grandfather and one or two aunts. I hope I may have some hints by which I may benefit my patient.

ONTARIO. C. S.

[We are endeavoring to make each succeeding number of THE WORLD better than any preceeding, and can bestow no attention upon back numbers.—ED.]

Notes of Treatment.

(By the Reporter of *Class-Room Notes.*)

TREATMENT BY PROF. DA COSTA.

1. DYSPEPSIA.—*Causes of Functional Indigestion.* 1. Eating too rapidly. 2. Drinking too much water at meal time. 3. Improper food. 4. Want of exercise. 5. Too much tea and coffee. 6. Too much tobacco.

Treatment:—Under-done meats and but little bread. No sweets. Pepsin sacch, gr. v, at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calumba. An alkali a few hours after meals when there is great acidity, but should not be used too frequently.

2. DILATATION OF THE STOMACH.—*Treatment:* Dry, solid food; under-done meats; no milk. Carbolic acid to allay fermentation. Wash out stomach occasionally. Strychnia, hypodermically or by mouth.

3. CHRONIC GASTRITIS.—*Treatment:* Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v). Milk, with a little meat, may be taken as food. Oxide of silver, gr. ½, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained.

4. GASTRIC PAIN (GASTRALGIA).—*Treatment:* Diet of little importance. Stimulus at meals in small amounts. Morphia relieves at once, but use it carefully. 1. Bismuth, with a little opium. 2. Nitro-muriatic acid, gtt. ij–iij, diluted, or—

℞. Morph. sulph..... gr. 1-32
Acid. carbolici..... gtt. j
Aq. menth. pip. .....ad... f ʒ j.
M. Sig.— Ter die.

4. Fowler's solution, beginning with gtt. j, and increase to gtt. v, ter die.

HÆMATURIA.—Treat the cause as well as the symptoms, though the treatment of both is generally the same. 1. Gallic acid, in doses of gr. x–xx, repeated every hour or two. 2. Sulphuric acid, alone or with gallic acid, unless contraindicated by scarlet fever, etc. 3. Fluid extract of ergot, gtt. xx, increased to fʒj. All three of the above are reliable remedies.

6. MEDICAL TREATMENT OF DIABETES MELLITUS.—Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, grains ¼–½ ter die, is much used in France. Trousseau's plan, with strychnia, is very useful. The salicylate of sodium, grains 10 to 15 ter die, in compound spts. of lavender and water, is Prof. Da Costa's favorite. Ergot is useful, but less so than the others. The alkaline plan, which is quite popular in Europe, is of value. Aloes or aloin should be used for constipation that may arise.

7. DIABETES INSIPIDUS.—*Medical Treatment:* 1. A course of iron, for its tonic effects. 2. Strychnia is very useful. 3. Ergot gives the best results; absolute cures follow its use; fʒss–j of the fluid extract should be given ter die.—*College and Clinical Record.*

———o———

HOSPITAL pharmacopœas are generally very difficult to secure, and sometimes an offer of a very high price will fail to secure one. The reason is that they are printed in limited numbers for the officers and physicians of the institution, and they are generally soon exhausted. We have, during the past year, gone to much trouble and expense to collect the pharmacopœas of the principal hospitals of this country, together with other valuable information, and now present *all* to the profession for the very low price of $1! We intended to make the price of "Official Formulæ of American Hospitals" $1.50 or $2., but we feel certain that the large sale will justify the low price of $1.

Quiz Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

What part of the United States is Ozone most abundaut?

Other than electric, from what sources does it originate?

What diseases is it deleterious to, and what beneficial in?

Let us hear from you, M.D's, all about ozone, "testifying that you have seen, and speaking that you do know."

W. C. HEWELL, M,D.

UMATILLA, Florida.

Editor MEDICAL WORLD:

What is the latest and best treatment for hemiplegia? Will you please publish the formula for viburnum compound (Hayden's)?

R. W.

ILLINOIS.

[We leave the first question open for discussion by our readers. We learn from Dr. Hayden's hand.book, that his viburnum compound is composed of the active principles of *viburnum opulus, dioscorea villoso* and *scutellaria lateriflora*, with aromatics.—ED.]

DR. J. F. BLOUNT, of Evansville, Ind., asks for a plaster that will successfully remove cancers.

LATER: The Doctor writes that he has obtained the desired information. He has been requested to give it to the readers of THE WORLD.

Editor MEDICAL WORLD:

Can you give us the formula for Dr. J. Kauffman's "Angeline" as prepared by James Shumaker & Co., Hamilton, Ohio?

M. P. BOYD, M. D.

ADA, Tenn.

Editor MEDICAL WORLD:

Please insert the following inquiry in the next issue of your valuable journal:

Can any reader of THE WORLD give the formula of "Palmer's Lotion?"

A SUBSCRIBER.

MILLWAUKEE, Wis.

SEND $1.00 for "The Official Formulæ of American Hospitals." Just out. See other pages.

FORMULÆ.

For Rheumatism.

℞ Guaiaci (vit. ovi semel)	℈	j
Aquæ dest	ʒ	j
Liq. ammon acet	ʒ	ij
Syrupi	ʒ	i

M.—For one dose.

—DR. E. J. CLARK.

A Diuretic and Antilithic.

℞ Lithiæ citratis	gr.	x
Acidi citrici	gr.	xx
Syr. aurantii	ʒ	ss
Aquæ	ʒ	ij

M.—To be taken in a state of effervesence with fourteen grains of bicarbonate of soda dissolved in two ounces of water.

—DR. GUY.

For Obstinate Intermittents.

℞ Quiniæ kinatis		
Piperis nigri		
Ext. absinthii	āā...	ʒ j

M. et ft. pil No. lx. Sig. Two pills every two or three hours.

—RONANDER.

To Produce Diaphoresis in Fevers.

℞ Inf. serpentariæ	ʒ	ix
Ammoni carb	gr.	v
Syrupi	ʒ	j

M.—Sig. To be taken twice daily.

—DR. PARIS.

For Uterine Fibroids.

℞ Hydrarg. perchlorid	gr.	1-12
Ext. belladonnæ	gr.	1-6
Ext. gentianæ	gr.	iv

M.—Make one pill. Sig. One twice a day.

—DR. R. GREENHALGH.

Colchicum Mixture.

(Used in Great Northern Hospital, London.)

Take of—

Wine of colchicum	minims	15
Carbonate of magnesia	gr.	10
Sweet spirit of nitre	minims	30
Tincture of henbane	"	30
Spearmint water to...	oz.	1

Mix.—For one dose.

Lead Lotion.

(Used in Westminster Ophthalmic Hospital, London.)

Take of—

Acetate of lead	gr. 16
Dilute acetic acid	minims 16
Distilled water	oz. 10

Mix.

Depilatory Caustic.

(Used in British Skin Hospital, London.)

Take of—

Sulphuret of calcium	dr. 1½
Oxide of zinc	dr. 6
Carmine	gr. 1

Mix.—Used as a paste with water.

In Acute Shock of Syncope.

℞	Ammon. carbonatis.	gr. x
	Spt. chloroformi	℥ ss
	Aquæ	℥ j

M.—Sig. At a draught.

—FOTHERGILL.

For Freckles.

℞	Hydrarg. perchloridi	gr. xij
	Sp. rect.	℥ ii
	Aq. dest.	℥ vj

Ft. lotio.

This solution, dabbed onto the parts two or three times a day, is very efficacious.

For Syphilitic Baldness.

℞	Hydrargyri iodidi rubri	gr. v
	Attar rosæ	♏ ij
	Ol. amygdalæ	♏ x
	Ung. simplicis	℥ j

Ft. unguentum.

—BALMANNO SQUIRE.

Gillford's Solution Bromide of Arsenic.

Take of—

Arsenious acid	gr. 60
Carbonate of potassium	gr. 60
Bromine	fl. dr. 2
Water	q. s.

Mix.

The carbonate of potassium and arsenious acid with four ounces of water are made into a solution by aid of heat; when cold, the solution is made up to twenty ounces, and to this the bromine is added.—*Pharmaceutical Record.*

This is one of the best solutions of bromide of arsenic used in diabetes mellitus. The dose is from two to ten or twelve drops in a little water, to be taken after each meal. We have used this preparation in a number of cases with wonderful results. Of course, the diet must be regulated according to rule.—*Physician's and Surgeon's Investigator.*

Warburg's Tincture.

The following is said to be Dr. Warburg's own formula, first published in 1875:

Take of—

Socotrine aloes	lb. 1
Rhubarb (East Indian)	oz. 4
Angelica seed	" 4
Confect. of damocratis	" 4
Saffron	" 2
Fennel seed	" 2
Prepared chalk	" 2
Gentian	" 1
Zodoria	" 1
Cubeb	" 1
Myrrh	" 1
Camphor	" 1
White agaric	" 1

Mix.

These ingredients are to be digested with five hundred ounces of proof spirit in a water-bath for twelve hours, then expressd, and ten ounces of quinine sulphate added, the mixture to be replaced in the water-bath till all the quinine is dissolved. The liquor when cool, is to be filtered, and is then fit for use.

Carbolate of Iodine Inhalant.

The following is said to be similar to Culter's:

Take of—

Compound tincture of iodine	minims 180
Carbolic acid No. 1	" 48
Glycerin	fl. dr. 1
Water	fl. dr. 5

Mix and expose to the sunlight until the mixture is entirely colorless.

The proportion of carbolic acid and tincture of iodine may be largely increased without a corresponding addition of glycerine.—*National Druggist.*

Combes' Aperient.

Take of—

Sulphate of magnesium	parts 35
Roasted coffee	" 40
Boiling water	" 500

Mix.

Boil for two minutes, sweeten to taste with white sugar. Dose, one wineglassful in the morning.

Lee's Lithontriptic.

W. H. Huntington gives the following in the *Druggists' Circular:*

Take of—

Powdered castile soap	oz.	2
Carbonate of potassium	dr.	4
Nitrate of potassium	dr.	2
Powdered gum arabic	dr.	5
Oil of juniper	fl. dr.	2

Mix.

Cuticura Resolvent.

A reader of the *Druggists' Circular* wishes the formula for this preparation. Some time ago we published the following:

Take of—

℞	Socotrine aloes	ʒ	1
	Powdered rhubarb	ʒ	1
	Iodide of potassium	gr.	36
	Whisky	♎	1

Macerate over night and filter.

—*National Druggist.*

"Seven Barks."

Take of—

Extract of	hydrangea	lb	1
"	poke root	lb	12
"	Cuivers's root	lb	12
"	dandelion	lb	12
"	lady slipper	lb	12
"	colocynth	lb	12
"	bloodroot	lb	6
"	blue flag	lb	6
"	stone root	lb	6¾
"	golden seal	lb	7½
"	mandrake	lb	24
"	black cohosh	lb	24
"	butternut	lb	48
Spirits of sea salt		lb	14½
Aloes		lb	10
Borate of sodium		lb	15
Infusion of capsicum		lb	4½
Powdered sassafras		lb	11
Ginger		lb	6
Sugar-house syrup		gal	40
Water, sufficient to make		gal	98

—E. H. GREELEY, of Manhattan, Kan., in *National Druggist.*

[The above is a good example of a "shot-gun" prescription.—ED.]

Hair Tonic.

Take of—

Castor oil	oz.	2½
Alcohol	"	1½
Tr. of cantharides	dr.	2
Tr. of lobelia	dr.	1

M.—Use any perfume to suit.

Seltzer Aperient.

Take of—

Rochelle salts	oz.	39
Bicarbonate of soda	"	20
Tartaric acid	"	18
Sulphate of magnesia	"	11

Dry each separately at a heat not exceeding 120° Fahr.; powder and pass through a sieve. Mix thoroughly and bottle.

Pain Expeller.

Take of—

Tr. of capsicum	dr.	25
Tr. of camphor	"	5
Aqua ammonia	"	10
Alcohol	"	10
Opodeldoc	"	10

M.

French Uterine Pad.

Take of—

Blue cohosh	oz.	1
Gum guaiac (powder)	dr.	2
Witch hazel bark	oz.	1
Ergot	"	¼
Cinchona bark	"	1
Angelica root	"	½
Oil of tansy	"	½
Oil of stillingia	"	½
Oil of lobelia	"	½
Oil of lavender	"	½
Oil of eucalyptus	"	1

Grind the drugs to a moderately fine powder and mix with the gum and oils. Make into an oblong pad and wear over the lower part of the abdomen.

For Chronic Gastric Catarrh.

℞	Bismuthi subnit	gr.	x
	Argent. nit	gr.	j–ij

M.—To be given on an empty stomach, before breakfast.

—NIEMEYER.

For Scrofulous and Tuberculous Glands.

℞	Calcii sulphid	gr.	j
	Aquæ	ʒ	x

M.—S. A teaspoonful every hour.

—SYDNEY RINGER.

Hop Bitters.

A correspondent of the *Druggists' Circular* writes, that before Hop Bitters were put upon the market, the following formula was sold around New York State. The writer states that he frequently put up the materials, and he

AN EFFECTIVE ANTACID AND APERIENT:—

Milk of Magnesia !

(*Magnesia Hydrate, Mg H_2 O_2.*)

In its therapeutic action and for eligibility of administration it will be found to possess advantages over all other preparations of Magnesia, Bi-Carb. Potass. and Soda, Lime Water or Chalk Mixtures.

Particularly adapted for Ladies and Children.

☞ Attention is also asked to

PHILLIPS' WHEAT PHOSPHATES (ACID),

(*A Reliable Preparation of the Acid-Phosphates of Potash, Magnesia, Lime and Iron*)

Presenting a Constructive Food-Remedy for Wasting and Nervous Diseases. Send for Pamphlet to

THE CHAS. H. PHILLIPS' CHEMICAL CO., No. 30 Platt Street, New York.

Platt's Chlorides,

A Saturated Solution of the Chlorides of Metallic Salts (comprising Zinc, Lead, Aluminium, Calcium, Potassium, etc. forming a DISINFECTANT, DEODORIZER, and ANTI-SEPTIC of great power and efficiency entirely free from odor or objection, clean, stainless, economical, and invaluable to every practitioner as a sick-room sanitary assistant.

In Combating Fevers, for deodorizing the apartments and disinfecting the discharges, the Bed, and the utensils of the room.

In Obstetric Practice, in high dilution as an anti-septic, or sprayed about as a deodorant.

In Cancer Cases, and to deodorize old offensive sores or wounds.

In Consumption, to neutralize the poisonous sputa.

In all Contagious Diseases, to arrest their spread, and

For all the Purposes of Household Disinfection, Platt's Chlorides, having no odor, destroying all poisonous matter, gases, and disease-germs by direct chemical action, its great value and usefulness should be known to every physician. It is sold in Quart Bottles at 50 cents each, by druggists generally. To any physician who may still be unacquainted with it a sample will be sent free of all expense, by addressing,

HENRY B. PLATT, 36 Platt Street, New York.

Baker's Pure Norwegian Cod Liver Oil.

Established 1830.

Put up in our capsuled bottles with steel engraved label. Will always be found of unequalled quality, and sure to yield the most satisfactory results.

BAKER'S EMULSION.

C. L. Oil with Hypo-phosphites. Made with our unequalled Norwegian Oil, rendering it by common consent the Best Emulsion in the market.

Solution-Salicylate of Iron.

(American Phar. M'f'g Co.)

DOSE.—Dessert to tablespoonful four times a day.

An unfailing remedy in acute or chronic Rheumatism, where deformity has not yet resulted. Has also been prescribed with great satisfaction in other affections where Salicylic Acid, Bi-carb Sodium and Ferrous Malate are indicated.

SOLUTION FERROUS MALATE.

(Amer. Phar. M'f'g Co.) 4 Grains to Fluid Drachm.

Exerts the full therapeutic influence of iron, while it does not constipate, nauseate, produce headache or any of the other unpleasant effects resulting from the use of ordinary forms of Iron. Full information by mail.

John C. Baker & Co., 815 Filbert St., Phila 'a.

KAIRIN AND ANTIPYRIN,

THE NEW FEBRIFUGES.

Both powerful agents, especially in cases of Pneumonia, Erysipelas, Consumption, Typhoid and Yellow Fevers. No secondary effects; no chills. Antipyrin reduces high fever 5 to 7° within one or two hours, and the low temperate maintained from 7 to 20 hours. ANTIPYRIN, an oxygenated alkaloid, is brought into commerce in form of the free base. It was prepared synthetically by Dr. Knorr, of Munich, from the constituents of coal tar, etc. It forms a white, crystalline powder, which is very easily soluble in cold water. Dose, 15 to 30 grains; for children, 5 to 15 grains.

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SEND FOR CIRCULARS.

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary to the recuperation of the human organism.

CAUTION:

We regret that we are compelled to caution the profession in prescribing Lactopeptine, but very careful investigation has proven to us clearly the necessity of it.

Substitution of cheap and worthless compounds are being made in many cases where Lactopeptine is prescribed.

Lactopeptine is always *uniform*, and its effects are *specific*, and no one has ever been able to imitate its digestive value. If you do not obtain positive results when you prescribe Lactopeptine, you can be sure that some substitution has been made, and in such cases it may be necessary for the physician to prescribe Lactopeptine in the original ounce package to insure certainty of obtaining the genuine article. We can confidently make this assertion knowing the scrupulous uniformity in digestive value of every ounce of Lactopeptine.

Lactopeptine has always been kept strictly in the hands of the Medical profession, never having been admitted in any publications but Medical Journals. It is prescribed by the most intelligent and educated physicians in all parts of the world, and there are but few physicians who have ever used Lactopeptine that will not agree with the late Prof. L. P. Yandell, when he says: "Lactopeptine is one of the certainties in medicine, and in this respect ranks with Quinine."

In the various forms of Dyspepsia, in Vomiting in Pregnancy, and in Mal-nutrition of children, there is no known remedy so positive in results.

The New York Pharmacal Association,

P. O. Box 1574. NEW YORK.

is assured that the product is very much like the Hop Bitters sold. The sediment which appears often in the bitters of the market, is said to be due to the bad condition of the water at Rochester, at times.

Take of—

Hops	oz.	4
Dandelion root	oz.	1½
Mandrake root	oz.	½
Buchu, long	oz.	1

Put into a jar, add one gallen of boiling water, cover, after twelve hours strain, and to seven pints add one pint of alcohol.

Anti-Rheumatic Mixture.

Take of—

Iodide of potassium	dr.	5
Wine of colchicum	oz.	1
Tr. of black cohosh	oz.	2
Tr. of stramonium	"	½
Paregoric	"	½

M.—Dose, teaspoonful three times a day.

Ammonia and Nux Vomica Draught.

(Used in City Chest Hospital, London.)

Take of—

Spirit of chloroform	minims	15
Tincture of nux vomica	"	10
Carbonate of ammonia	gr.	5
Infusion of cascarilla	oz.	1

Mix.—Take at one dose.

Compound Conium Pills.

(Used in Guy's Hospital, London.)

Take of—

Extract of conium	gr	4
Powder of ipecacuanha	gr.	1

Mix —Make one pill.

Borax Gargle.

(Used in Throat Hospital, London.)

Take of—

Borax	dr.	1
Glycerine	dr.	1
Tincture of myrrh	dr.	1
Water to	oz.	2½

Mix.—Mildly alkaline astringent.

Please Read and Act.

LET us suggest something a little novel. When writing to advertisers, mention the journal or journals that you like best. Mention those that you always read through from beginning to end and that you always preserve most carefully. This will be welcome information to advertisers, and it may result in some advantage to your favorite journal.

"DURING nine weeks, I was delirious. Those weeks remain to this day a total blank, excepting in one particular, and that related to food. The recollection of my aversion to that is distinct. My nurse told me that I took food at no time without a remonstrance; that I not unfrequently flatly refused to have it, giving always as a reason that it was exceedingly distasteful to me. I made the same objection to every kind of drink other than water. I got no medicine, but was required to take milk, at first every three hours, then every two hours. I had frozen champagne, at about the same intervals of time. Three weeks after the delirium subsided, I stood on my feet for the first time. I am just as sure that food was given in this case oftentimes to my hurt, as it was always given against my inclination. Yet this was the practice of the time. And I fear it is far too much the practice of the present day. Since Tanner's protracted fast, I have been much less disposed than before to force food upon patients against their wishes."—DR. YANDELL, in *American Practitioner*.

SPECIAL.

THE price of Anderson's Vaginal Capsules has been reduced from seventy-five cents a box to sixty cents, to physicians. Try them.

HAVE you not had many patients with whom all syrups would disagree? Syrups nauseate many stomachs. In all such cases Kidder's *wine* of the hypophosphites should be used. If THE MEDICAL WORLD is mentioned, a sample will be sent free; also a sample of "digestylin," a new preparation; also of hydroleine, if you have never tried that valuable preparation. Address, Wm. F. Kidder & Co., 83 John street, New York city.

NOW that cool weather is returning, your interest in cod-liver oil will awaken. Suppose you try a pure oil that does not need to be emulsified to be made palatable. Such an oil is Stone's, undoubtedly. Read what is said of it on advertising page. A sample for trial will be sent free upon application.

SEND to Dr. Staufer, 624 Franklin street, Philadelphia, for catalogue of *improved* uterine instruments. It will pay you.

THREE valuable pamphlets on cocaine have been published by Messrs. Parks, Davis & Co., of Detroit, Mich. They will be sent free on application to readers of THE WORLD.

MESSRS. SMITH & SHAW have been awarded the gold medal for "First Degree of Merit" for Pocket Batteries at the World's Exposition at New Orleans. See their advertisement and send for circular.

IT is claimed that Lactated Food is a perfect

food for infants. A regular package for trial will be mailed free to readers of THE MEDICAL WORLD. Address Wells & Richardson Co., Burlington, Vt.

A HALF pound sample bottle of Rose's Peptonized Beef, will be sent free, upon request, to readers of THE WORLD who will pay express charges. Address, Chapman, Green & Co., manufacturing chemists, Chicago, Ill.

USE Anderson's Vaginal Capsules. See adv.

USE Cutter's inhaler; only $1. Prescribe it for your patients. It is the simplest, most durable, and cheapest.

IN writing to Messrs. Parke, Davis & Co., for literature, samples, etc.. always mention THE MEDICAL WORLD. See their advertisement on the last page.

READ carefully advertisement of Hastings & Garson's Improved uterine supporter, *and prices*. Send for circulars giving fuller description, and mention WORLD.

BY addressing Messrs. Griffith & Co., 146 Second Avenue, New York city, you will receive, free of charge, a sample bottle of their excellent rheumatic preparation. See advertisement.

To physicians willing to pay express charges, Wm. Proctor, Jr. Co., corner Ninth and Lumbard streets, Philadelphia, will send large samples of syr. hypophos. comp. digestive wine, pepsin, etc., if this journal is mentioned.

To readers of this journal a detailed list and samples of soft and hard capsules will be sent free. Physicians, please specify "Gedney's" when ordering or prescribing. Address, L. H. Gedney, 1714 First avenue, New York city.

READ carefully the advertisement of Bunn's Uterine Supporter, on advertisement page. It is claimed that it has never disappointed a single physician who has tried it. Send him $1.50 for one, and 14 cents for postage, and report to him result of its use.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcome by the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth street, New York City. The price is *very* reasonable. Send for descriptive circulars, and mention THE WORLD.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free, if you mention this journal.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

BE sure to send a postal card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent if the WORLD is mentioned.

MESSRS. REED & CARNRICK, of 182 Fulton street, New York, never put anything on the market unless they think it will excel everything else of its kind. They feel certain that they have done this in their Peptonized Cod-Liver Oil and Malt. A pint bottle (retails at $1) will be sent free, for trial, to any physician who will pay the express charges. A sample of Beef Peptonoids will be mailed free to any address if THE MEDICAL WORLD is mentioned.

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WHEN writing to Messrs. Wm. R. Warner & Co. for information or literature regarding ingluvin parvules, pills, etc., etc., or when ordering goods or requesting samples, adways mention THE MEDICAL WORLD. Notice the advertisement of hydrobromate of caffeine.

IT will be noticed that Magee's Emulsion contains the three great constructive remedies—cod-liver oil, malt and the hypophosphites. It is elegant. Send for a sample and try it.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who are willing to pay express charges. Address the Rio Chemical Company, 218 N. Second street, St. Louis, Mo., and mention this journal.

If you want a good pocket-case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disappointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal to Messrs. Scott & Bowne, 108 and 110 Wooster street, New York city, and you can get a sample of their delicious Emulsion and other preparations, free, if you mention the WORLD.

DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk, free if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co., on adv. page vi.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore, and get a physician's sample of Mineral Earth. Always mention THE WORLD.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones.—FROUDE.

The Medical World.

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These rates must be paid *invariably in advance.*

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C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.
LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.
ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520-1522 Chestnut Street,
PHILADELPHIA, PA.

VOL. III. NOVEMBER, 1885. NO. 11.

The Medical Muddle.

The committee having the fate of the International Medical Congress in charge, at its meeting in New York, September 3d, made some concessions to the demand for a more liberal organization, but not enough to satisfy the "decliners" and their followers. It will be noticed that the opponents of the present organization, however good their cause may be, have done nothing but complain and find fault. If their side is so superior in numbers, ability, justness of their cause, etc., as they seem to think, why not reorganize the original committee and go ahead? correcting past mistakes as best they may. It is clear that the Congress at Copenhagen accepted, on behalf of the Medical Profession of America (not a medical society, merely), the invitation of the original committee. This committee made the very great mistake of submitting their action to the American Medical Association. They should not have submitted their action to *any* medical society, unless it could have been representative of the *whole* profession of America, but unfortunately no such organization exists.

The American Medical Association has rights in connection with the congress in proportion as it embodies the profession of this country, *but no farther;* and it is little short of criminal for it to arrogantly assume the *entire* control. The other side deserve almost as much blame for submitting so passively.

But if the original committee would reorganize now and repudiate its past mistake (of submitting its action to the American Medical Association), and organize the congress, there would be two organizations, unless one would leave the field, or unless a harmonious union could be effected, neither of which would be probable. This would scarcely improve the present deplorable state of affairs. However, if such a course should be pursued, it is certain that our foreign friends would choose that body representing the greater scientific attainments regardless of "geographical representation."

The situation is unfortunate, to say the least, looking at it from any point of view; and the best way out of it, it seems to us, is to give the whole matter up. Our foreign friends have ample reason to decline our invitation and appoint some other place (Berlin is being considered) for the meeting. Such a course would be best for the congress, and best for the interests of the profession of America.

An Offer.—Embrace It.

New subscribers who send $2, $1 for subscription to WORLD and $1 for the book, "Official Formulæ of American Hospitals," will receive gratis, upon request, a copy of the chart "The Urine in Disease," the regular price of which is fifty cents. Better embrace this offer *now*, as it may not be repeated. It is put forward rather as an experiment.

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The above appeared last month, and as it

seems to meet the wishes of many, it will be continued. We have been asked if the offer would also apply to old subscribers. It does seem unfair to treat new subscribers better than old ones; old subscribers who renew their subscriptions promptly, and are ever ready to benefit the profession by giving their views upon medical topics through the columns of THE WORLD, deserve every favor in our power. So *to these* we will send gratis, *upon request*, a copy of the chart, "The Urine in Disease," upon receipt of $1 for the book, "Official Formulæ of American Hospitals." The book is having a large sale.

WE have for a long time been endeavoring to get a binder for THE WORLD that would be simple, convenient and inexpensive. We think now that the problem is solved. See next issue.

Now is the time to discuss the diseases of autumn and winter. Send your treatments, gentlemen.

The Current Medical Thought.

Cause of Periodicity in Malarial Fevers.

Professor Arnaldo Cantani thus explains the cause of periodicity in malarial fevers: The germs having gained entrance to the blood, are gathered up by the spleen; here they multiply, and the spleen enlarges until its natural elasticity asserts itself, when it contracts, squeezing out and flooding the system with germs. Then a paroxysm ensues, ending with either destruction of the germs in the blood, or by their being eliminated with the perspiration. The germs left in the spleen multiply until limited by the elasticity of the spleen; then comes another squeeze and another paroxysm. The frequency of the paroxysms depends upon the elasticity of the spleen. The average spleen will "squeeze" once in twenty-four hours, while many will allow the germs to mutiply for forty-eight or seventy-two hours, and in the chronic form it becomes a permanent breeding bed for them. For an ingenious plausibility this theory takes the premium.

IT is said that sweet cream will disguise the taste of piperin or capsicum.

Stramonium.

The Peruvian Indians are so fond of narcotics that they have several besides the cocoa, the principal substitute for it being the thorn-apple, or *daturd stramonium*, an annual, cultivated in Britain, but originating from America. Of this the fruit is employed, and from it is prepared a drink which throws the drinker into a deep sleep in which visions of most remarkable character are seen. The thornappple was formerly much used by the Peruvian priests in playing upon the superstitious fears of the people, as the latter supposed that by its use the former were transported into the immediate presence of their deities. In India there is a class of men who haunt the common resorts of travel, and whenever they find an unwary stranger, take an opportunity to drop into his food a small quantity of the seeds. Intoxication then follows, when the unfortunate man is robbed and left to die or recover as the case may be.

Stramonium leaves are much used in asthma, chiefly in the form of cigarettes. The extract and tincture are anodyne and anti-spasmotic, and are serviceable in convulsive cough and gastrodynia. Stramonium dilates the pupil like belladonna. Its active principle is daturine. Stramonium has been employed with benefit in mania, epilepsy and convulsions.

Coca for Itching of Eruptions.

The annoying itching of eczematous eruptions is much relieved by a lotion of thre ounces of fluid extract of coca in five ounces of water.

Croton Oil for Intestinal Worms.

One minim of Croton oil dissolved in a drachm of chloroform and an ounce of glycerine, forms a mixture which is entirely effectual against intestinal worms, including tape-worm. It should be taken in the early morning, and followed at night by a laxative. The *Revue des Sciences Medicales* states that it is superior to all other tanicides.

Glycerine for Trichinosis.

Trichinosis is said to be best treated by the internal administration of glycerine. Trichinæ and other embryos shrink up and die when in contact with glycerine, even when diluted. But too much water may not be added, as the stomach itself supplies it.

To Remove Organisms from Water.

Coke and spongy iron are found to be the most efficient agents for the removal of micro-organisms from water by filtration. But even these lose their virtues to a great extent, after about four week's use. By agitating water with coke and then filtering, all organisms entirely disappear, leaving the water in a state of absolute purity.

How Different Remedies Affect the Eyes.

Belladonna, hyoscyamus, stramoniun and conium dilate the pupils. Opium and chloroform contract them at first, but later on dilate them. Physostigma, gelsemium, muscarin and jaborandi contract them. Arsenic and iodine irritate the conjunctivæ; muscarin and jaborandi irritate the lachrymal glands.

Tails.

The interior of Asia, and more especially Armenia, is inhabited by two races who accuse each other of being the possessors of rudimentary tails. Whether this be mere slander from mutual hatred, or no, there is no doubt that monsters and abnormal individuals are sometimes met with, who are afflicted with this degrading appendage. In fact, bibliography attests to a tolerably extensive list of such cases. Anatomical descriptions are rare; most of these instances belonging evidently to the category of coccygeal inclusions; and in those few examples that have been seriously studied, the caudal appendage has been found destitute of any supernumerary vertibræ.

At some period between the third and eighth week, the human embryo presents a conical appendage behind the outlet, to which certain authors assigned the name of "tail." But they have never demonstrated the actual existence of extra vertebræ below the coccyx, so have contented themselves with naming it "caudal appendage," or false tail; but M. Hermann Fol now claims to have found four such caudal vertebræ in the human embryo.

From an anatomical point of view, one would say that the coccyx of the human adult is a rudimentary tail. This interpretation finds a new significance in the fact that the coccyx is but the reduction of a vertebral tail, only longer than that possessed by the embryo.

From these facts we are almost tempted to conclude that man is not descended from those monkeys more nearly resembling himself, but rather from a monkey of a lower type, possessed of a longer tail. Anyway, we must await developments respecting the anatomy of embryonic monkeys, before forming our conclusions from these disagreeable reflections.

Milk in Typhoid Fever.

Sir William Jenner says that the indiscriminate use of milk as an article of diet in typhoid fever, often leads to serious trouble. Milk contains much solid animal food; its casein has to pass into a solid state before digestion can take place, and curds form in the stomach producing considerable disturbance in the functions of digestion, raising the temperature and preventing sleep. Pure water may be given *ad libitnm*.

Cause of Neuralgia Headaches.

The London *Lancet* says that the pain of neuralgia headache experienced by women, is generally located in one or more branches of the second cervical nerve, very commonly those terminating in the scalp of the occiput. The nerves of the scalp are irritated by the hair drawn tightly back and put on the strain, not as a whole, in which case the strain would be spread over a large area of the surface, but by small bundles of hair, which are pulled back and held in place by hair-pins. Relief is often consciously experienced as a result of removing the hair-pins, but this has only a temporary and partial effect. The injury done is lasting in its consequences.

Effects of Alcoholic Drinks.

Outside of stronger drinks, beer and wine are among the least injurious, when moderately used. Beer, next to water, is one of the best drinks, when it can be obtained unadulterated. In France, where the beer of the country is scarcely ever doctored or tampered with, alcoholism is rare, so long as they confine themselves to that beverage. Wine of good quality is less innocuous. For children it is always bad, and in adults it predisposes to tuberculosis, nervous troubles, nightmare and other affections. But grain and potatoes are the agents whence is obtained the most deleterious form of alcohol. These spirits provoke nervous disorders which commence in the extremeties; pricking sensations, chills, insomnia, or else hideous visions, tendencies to suicide by hanging or drowning; and, in every instance premature old age.—Dr. Lanceraux, at Antwerp convention against alcohol drinking.

For Infantile Eczema.

Thirty grains each of tar and calomel in an ounce of vaseline, is recommended as an excellent application in infantile eczema. It may be used two or three times a day.—Dr. Tirera (Naples).

Alcoholic Stimulants in Belgium.

Belgium affords the worst example in Europe of the harm from over-indulgence in alcoholic stimulants. The sale of liquor has been more than trebled in the last fifty years, while the population has advanced only from 3,500,000 to 5,500,000. Although the country is so small, it contained in 1880 no fewer than 125,000 places devoted to the sale of intoxicating liquors. There was a public-house, on the average, for every twelve or thirteen grown up males. The suicides rose from fifty-four per million inhabitants in 1848 to eighty in 1880. The lunatics advanced from 750 per million inhabitants in 1846 to 1470 in 1881.

Insincerity of an Anti-Vaccinationist.

Dr. A. W. Ross, the apostle of anti-vaccination in Montreal, on entering a railroad train to leave the city for a few days was compelled by the health authorities to show his arm, like the other passengers. The interesting fact then came to light that the apostle had just been vaccinated in two places, resorting to the very remedy against which he had been arraying the prejudice and violence of the mob.

Bacteria in the Atmosphere.

The proportion of bacteria in a cubic metre of atmospheric air is, according to M. de Parville, 0.6 in sea-air, one in the air of high mountains, sixty in the principal cabin of a ship at sea, two hundred on the top of the Pantheon, three hundred and sixty in the Rue de Rivoli, in Paris, six thousand in Paris sewers, thirty-six thousand in old Paris houses, forty thousand in the new hospital of the Hotel Dieu, and seventy-nine thousand in the old hospital of the Pitie. In Rydor Street, St. James's, London, a cubic meter of air contains only two hundred and forty bacteria, whereas in the Rue de Rivoli the same quantity of air contains three hundred and sixty. M. de Parville says the superiority of London air, as compared with the air of Paris, is shown not only by its containing fewer bacteria, but also by the rate of mortality being smaller. The greater purity or lesser impurity of the air of London is accounted for by London being nearer than Paris to the sea, by its covering a greater extent of ground in proportion to the population, and by its houses being lower.

Cocaine in "Snuffles."

Dr. Zemshchenko has treated seventeen infants from two weeks to eleven months old with coryza by means of cocaine dropped into the nose. Two drops of a two-per cent. solution were thus applied from four to six times a day with remarkable results. In only one case was any increase of secretion observed. He has also made use of a four-per-cent. solution for older children. As there is some risk of the solution being swallowed and producing vomiting, he finds it best to apply the cocaine by means of an ointment.

Webster's Brain.

The weight of Daniel Webster's brain was sixty-three ounces. He died, according to *Dr.* Jeffries, of disease of the liver, the immediate cause of death being hemorrhage from the bowels and stomach, owing to the morbid state of the blood consequent upon the above disease; also dropsy in the abdomen. On making a post mortem examination, it was found that the cerebral organs were of the largest known capacity, exceeding by thirty per cent. the average weight of the human brain, and with only two exceptions (Cuvier and Dupuytren), the largest of which there is any record.

For Palpitation of the Heart.

Distressing paroxysms of palpitation of the heart may be generally remedied by bending double, the head down and the hands hanging, so as to produce temporary congestion of the upper portion of the body. In most cases of functional or anæmic palpitation, the heart immediately resumes its normal action. The same method will restore suspended animation from fainting, when the syncope is due to temporary anæmia of the brain.

Richness of Sow's Milk.

Of all lacteal secretions, the milk from the sow is the richest and most nutritious. It contains 50 per cent. more of solid constituents, as butter, cheesy matter and sugar, than does the milk of the cow. But there is much difficulty in obtaining supplies. A porcine mother

resists the appeals of the fairest of milk-maids. Beauty cannot induce, nor dexterity compel her to yield a drop of her off-spring's legitimate food, even for the benefit of science. Consequently, the sow's is generally absent from tests of milk analysis; and until these scruples can be overcome, there is little chance of the rich diet coming to market.

PROFESSOR, looking at his watch—"As we have a few more minutes, I shall be glad to answer any question that any one may wish to ask." Student—"What time is it, please?" —*Boston Journal.*

The Effects of Lightning Stroke.

At a recent meeting of the Berlin "Verein fur Innere Medicin," Dr. Liman described the changes present in the bodies of two men who had been killed by lightning when taking shelter under the trees of the Theirgarten. In the one subject the hair over the left temple was singed, and the skin from the left ear to the shoulder-blade was discolored a brownish-red, the chest and abdomen being covered with red and white streaks. Reference was made to the dendritic figures described in many cases, and attributed often to impression of twigs, leaves, etc., and in this body there was a figure which could be compared to a palm leaf, but which was undoubtedly due to the contact of the folds of the shirt. The parts thus pressed upon remained white, the surrounding skin being reddened. The apex of the heart was the seat of an irregular cavity which communicated with both ventricles; evidently the lightning stroke had caused a rupture of the organ. In the other case the skin and hair were similarly excoriated and singed, and numerous ecchymoses occurred beneath the serous layers of the pericardium and pleura; the lungs were much congested. Here death was evidently due to asphyxia. Dr. Limen mentioned, and Professor Leyden confirmed the fact, that death by lightning is occasionally accompanied by rupture of internal organs, as the brain and liver.

Alcohol in Fever.

Alcohol is a nerve stimulant, and as such may be employed in fever—not to *give* strength, but to *call it forth:* thus it is advantageous where there is lack of energy and the system wants rousing, as in the later stages of fevers; in the earlier stages it is rarely necessary and often injurious.

What to do in Diphtheria.

Diphtheria tends to kill by suffocation and by its poison exhausting the vital energy. Suffocation may be either accidental, or as a natural result of the throat affection—accidental if, when the membrane is thrown off, it becomes lodged in the larynx; natural if the swelling inside the throat shuts off the supply of air to the lungs. Nature will attain the mastery over her enemy if the strength be kept up and the deposit arrested. With these points to guide us we know that the arrest of the disease and nutritious support are our great aim.

Gokhru.

Gokhru, or Gokeroo, is the fruit of a tropical plant called pedalium murex, growing in East India. An infusion is prepared by pouring a pint of boiling water over an ounce of the fruit and macerating for two hours. It is reputed to be of great value in enuresis, seminal emissions, and impotence. The leaves are also employed for poultices; and the expressed oil is used as a condiment.

FRECKLES are said to yield to equal parts of lactic acid and glycerine, frequently applied. Probably it is effectual, as the same mixture dissolves diphtheritic false membranes. They may also be removed by touching them with a crystal of carbolic acid when dry.

Sugar as a Part of Diet.

Dr. Phipson advocates, in a German scientific journal, the general use of sugar as a regular article of diet. For forty years he has eaten at least a quarter of a pound daily, not counting sugar-forming substances taken at the same time, and has found it very healthful. Men's condition would be greatly improved if the use of sugar should substitute alcohol.

Anæsthesia by Mechanical Means.

Local anæsthesia might be attained mechanically by cutting off the afferent channels from peripheral nerve endings to nerve centres, thus leaving these last unaffected. This was proposed long ago by Dr. Waller (of London), who suggested the compression of nerve-trunks, to obviate the pain experienced when the peripheral branches were divided. General anæsthesia would result if the sensory paths of the spinal cord or the perceptive centres of the brain be acted upon by some agent capable of annulling their functions.

Memory.

Of all the wonderful miracles of nature, animate and inanimate, there is perhaps none so perfectly and inscrutibly marvelous as the human memory. We do not refer to the specially cultivated gifts and trained memories of exceptional geniuses; we are alluding merely to the common average human being whom we meet at every turn, whose simple innate power of recollection and reminiscence seems to us almost the very greatest marvel in the whole museum of the physical universe. Even the meanest memory is stored and stocked, in all its numberless cells and pigeon-holes, with such an endless collection of facts and ideas as might appall the heart of the most ardent statistician. Most people, for want of "analytical" habits, greatly underestimate the extraordinary storehouse accommodation of their own memories, and we believe the merest child or the most ignorant peasant knows and remembers a number and a variety of things which, when collected, would readily surprise the most learned and thoughtful. Where the room can be found in one small brain, to stow away so many facts and fancies is a puzzle of no small magnitude. Cell after cell and fibre after fibre in the innumerable minute elements of the brain have been indissolubly connected by channels of nervous communication impressed and modified by acts and ideas, till the whole has become a supreme register of past experiences, ready for reference at a moment's notice by the wonderful power of association.

Preparations of Glycerine.

The *British Pharmacopœia* contains five preparations of glycerine, all of which are useful and convenient; some of them are used externally, some internally, and some applicable in both ways. "Glycerine of carbolic acid," "glycerine of tannic acid" and "glycerine of gallic acid," each contain one part of their respective acids in four and a half parts of glycerine. "Glycerine of borax" contains a like proportion of borax. "Glycerine of starch contains one part of starch in eight and a half parts of glycerine. The *U. S. Pharmacopœia* also contains these preparations (excepting the last one); but their proportions and formulæ are somewhat different. We also have an officinal "glycerate of tar." Our term "glyceritum," or "glycerate," is preferable to the English "glycerine."

Glycerine of carbolic acid, in doses ranging from five to ten minims, suitably diluted, is serviceable in scarlet fever, measles, and smallpox; and by lowering the pulse and inducing perspiration, it has a beneficial effect in fever. Many forms of diarrhœa, vomiting and dyspepsia yield to it; and it often times promotes the expulsion of intestinal worms. It may be used as a gargle, well diluted, in sore throat with fœtid breath, and, mixed with an equal bulk of water, is painted on the tonsils and fauces in diphtheria. One drachm in an ounce of water forms an excellent lotion for eczema, lepra, carbuncles, syphilitic ulcers, etc. Undiluted, it is employed in smallpox, to prevent the "pitting," and is useful in ringworm, scabies, and other parasitic diseases.

Glycerine of gallic acid may be taken internally in doses of ten to sixty minims, diluted, as a general astringent, in the night sweats of phthisis, in pyrosis, and in albuminuria. It is one of the best agents for the arrest of hemorrhage from the kidneys, uterus, or bladder; and for all cases where the bleeding vessels have to be reached through the circulation. For external use, it is inferior to glycerine of tannic acid.

Glycerine of tannic acid may be taken internally in doses of ten to forty minims, for the same purposes as glycerine of gallic acid, but it is generally less efficient. Externally, it is more useful than gallic acid, and is a good paint for relaxed uvula, chronic tonsillitis, and many throat affections, and is beneficial in ozæna, chronic otorrhœa, hay fever, and coryza. It also makes an admirable injection, well diluted, for gonorrhœa (male and female) urethritis, and gleet.

Glycerine of borax, from half a drachm to two drachms, diluted, is refrigerant and diuretic. It has an acid reaction. It causes contraction of the uterus, and, sometimes, abortion. Combined with ergot, it assists the expulsion of the placenta. It is useful as an emmenagogue. Half an ounce of glycerine of borax in four ounces of water acts as an approdisiac, when used as an enema. Externally, it has many uses in skin diseases, notably in chloasma, or pityriasis versicolor, which it cures by dissolving the epidermis. It is used for chilblains, chapped hands, fissured tongue aphthæ, and cracked nipples, applied as an undiluted paint, and is valuable in pruritus pudendi, and sometimes in diphtheria.*

Glycerine of starch is employed externally for excoriations, etc., and it is a useful article in the nursery.

"OFFICIAL Formulæ of American Hospitals" is a neat cloth-bound volume of two hundred and thirty-eight pages. Price only $1.

*Salycilic acid dissolves readily in water, by the addition of four times its quantity of glycerine of borax.

Inhalations in Pulmonary Tuberculosis.

Miguel recommends the use of a spray containing the following ingredients:

Take of—

Corrosive sublimate	gr. 16
Sydenham's laudanum	dr. 5
Distilled water	qt. 2

Mix

Lefort prefers this combination:

Take of—

Camphor	oz. 8
Tincture of iodine	
Pitch	dr. 30
Hoffman's anodyne	oz. 1

Mix.

This should be placed in a wide-mouthed bottle, and the vapor inhaled at short intervals.—*Bulletin Gen. de Therapeutique.*

Obliging.

"Have you any malaria here?" asked a lady who was looking at a rural boarding-place for her family. "Well," said the landlady, "we hain't got none jist now; folks havn't asked for it; but we'll get it for your family if you want it."

Checks to Over-Population.

The law of population affirms that there is in all animate existence a constant tendency to increase beyond the limits of subsistence, and that mankind forms no exception to the operation of this universal law. This tendency to over-population is inevitably counteracted either by natural or scientific checks; that is to say, either one or the other must and does operate, and it only remains for society to choose between them. The natural checks to over-population are poverty, disease, war, murder, prostitution and sexual abstinence; and with regard to this latter we may point out that the abstinence implied must be absolute and complete, for it is quite possible to incur the maximum of parental responsibility with the minimum of sexual intercourse. Surely none of these atrocious evils would be voluntarily chosen by any duly informed and rational being, in preference to the scientific checks advocated by modern Malthusianism. If it is asserted that these checks are faulty, or if it can be proved that they are in any sense injurious, they are certainly not one thousandth part the evil that they obviate, and all the more does it behoove the medical profession to devote their time and attention to the discovery of other scientific checks which shall not be open to a similar objection.—Dr. MACLOGHLIN, in *Provincial Med. Journal.*

Education and Fecundity in Women.

Out of 705 female college graduates recently communicated with, only 196 are married. Of the 196 married, 66 have had no children, and the remaining 130 have had 263 children, 232 of which are living. It will thus be seen that "higher education" in women, desirable though it be, does not conduce to connubiality and fecundity.

Is it Nature or Accident?

In the practice of Dr. H. G. Anderson, of La Moure, Dakota, eighteen births have occurred during the past summer, seventeen of which were girls. The doctor thinks that this is not accidental, but nature endeavoring to balance the excess of male population. According to this theory the majority of births in the Eastern cities should be boys, as females largely predominate in all of them. It is said that there are 25,000 more females than males in Philadelphia.

For Metrorrhagia.

Dr. Bouchut, of Paris, recommends a pill containing one grain each of powdered rue (*Ruta graveolens*) and powdered savin (*Juniperus sabina*) as a remedy for metrorrhagia, one pill to be taken night and morning. He affirms that the admixture of these two agents materially increases their therapeutical energy.

Action of Cholera Poison.

The origin of cholera is a poison of animal nature, a ptomaine. This ptomaine has its action on the solar plexus, through the medium of the nerves of the gastro-intestinal tract; and the first functional disturbances are symptomatic of such action. Then reflex movements establish themselves between the solar plexus and the spine on the one hand, and the solar plexus and sympathetic on the other; whence follow muscular cramps in the limbs, and vascular contractions, or cramps of the muscles and vessels, with coldness and cyanosis. There is irritation and hyperæmia of the digestive apparatus, as shown by post mortem examinations; the stomach, intestines and liver all participating, and there is also a secondary irritation and hyperæmia of the solar plexus.

CHILDREN are like the mob; they always complain with reason, although they cannot give the reason why they complain.

For Vomiting of Pregnancy.

Wein extols the internal administration of cocaine for the arrest of the vomiting of pregnancy. The following is his formula:

℞ Cocaine hydrochlorat..... gr. xxx
Aq. dest..... ℥ j

M.—S. One teaspoonful every half hour, until relieved.

Cocainism.

Those natives of Peru and Bolivia who are addicted to the excessive use of coca present an attenuated, yellow, cachcetic appearance, and are liable to ascites, anorexia and insomnia. They frequently fall into a state of marasmus, and die.

Therapeutics of Nerve Stretching.

This operation is specially useful in peripheral paralysis and neuralgias of all kinds; less so in tetanus; still less so in epilepsy and tabes. In the case of neuralgia, the presence of "nervi-nervorum" is assumed, and that it is through the rupture of these that the pain is removed. Nerve-stretching is supposed to act, not only by rupturing the assumed "nervi-nervorum," but in other cases by partially benumbing or paralyzing the internal tubules, arresting their function for a time, or, further, by indirect effects on nerve centres. In tabes and central neuralgias it is said to act by producing some indirect effect upon central nerve elements through trophic changes, probably induced by the disturbances of vasi-motor action. The operation is performed by exposing the nerve, lifting it with the thumb and finger, until a palpable stretching is produced. For neuralgia, the nerve should be stretched in *both* directions; for tabes, it should be stretched from the *trunk*.

Friederichshall Water.

Dr. W. Murrell, of London, speaks in unqualified praise of the value of Friederichshall Water in habitual constipation. He considers it "vastly superior to the ordinary sulphate of magnesia waters whose name is legion. Its special advantages seem due to its combination of chlorides with sulphates, forming not only a saline aperient, but also having valuable properties in influencing tissue-change and promoting uric acid excretion. Thus it has its uses in dyspepsia and congestions of the liver or kidneys."

Friederichshall water contains sulphates of soda, magnesia, potash and lime, chlorides of sodium and magnesium, carbonates of magnesia and lime, bromide of magnesium, silica, and a little carbonic acid. Chloride of sodium is the predominant ingredient.

Sulphur in the Intestinal Tract.

The internal use of sulphur does not produce sulphides directly under the influence of the alkaline intestinal fluids, but it is transformed into sulphuretted hydrogen by the nascent hydrogen evolved by fermentative processes in the digestive tube. Alkaline sulphides give out sulphuretted hydrogen by contact with the free acids of the gastric juice and carbonic acid. Alkaline hyposulphites, in contact with acid gastric juice, are partially decomposed into sulphur and other products, which do not prevent the free sulphur from being afterwards transformed into sulphuretted hydrogen.

Health of London.

From the latest health returns from the Registrar-General, it appears that the death-rate of London has for some time been steadily declining, until last week it reached the lowest point ever recorded since the institution of returns. In spite of its fogs and its rains, the metropolis still holds its own as one of the healthiest cities in the world.

Diet.

When I behold a fashionable table set out in all its magnificence, I fancy I see gouts and dropsies, fevers and lethargies, with other innumerable distempers lying in ambuscade among the dishes. Nature delights in the most plain and simple diet. Every animal but man keeps to one dish. Herbs are the food of this species; fish of that, and flesh of a third. Man falls upon everything that comes in his way; not the smallest fruit or excrescence of the earth, scarce a berry or a mushroom can escape him.—ADDISON.—*Albany Sunday Press.*

DR. KEITH, the celebrated English ovariotomist, was recently called in consultation to a case in Boston. This is said to be the first time since the Declaration of Independence that we have summoned medical aid from England. The fee is said to have been $10,000. The doctor agreed with the attending physician in diagnosis and treatment.

Tincture of capsicum in olive oil (one in six) makes a good household liniment for lumbago.

Gonorrhœa in the Female.

Various reasons have been given why this disease should be practically ignored by the body of the profession, and notably by the gynæcologists, within whose field its consideration would naturally occur. The principal ones alleged are the difficulties in its diagnosis and the poor results which attend its treatment. This is a humiliating confession when Sanger's statement is considered that more than one-ninth of all gynæcological cases are now believed to be of gonorrhœal origin. It seems additionally strange, also, when one considers the great prevalence of gonorrhœa in the male, and the attention which is devoted to its nature and treatment.—DR. A. F. CURRIER.

Caution.

No preparation containing alcohol should be put in a prescription with chloral hydrate, and especially so when the bromide of potassium or of sodium also enters the prescription. If the solutions are at all concentrated, the chloral will separate as an alcoholate, float on the surface, and thus give rise to a great risk in administering an over dose, unless the bottle is "well shaken before taken."—*Medical Age.*

OF 1000 medical students graduated from an English institution fifteen years ago, 128 have died and ninety-six have left the profession. Thenty-three have achieved distinguished success and sixty-six considerable success; 507 have made a living, 124 have not made a fair practice and fifty-six have failed utterly.

Home Made Disinfectant.

A cheap and effective disinfectant can be made by dissolving a bushel of salt in a barrel of water, and with this water slack a barrel of lime. This forms a sort of chloride of lime, which may be used freely in cellars, outhouses, etc.

IN PROF. BARTHOLOW'S experience, metrorrhagia produced by fibroids or fungus granulations, is much more decidedly held in check by diluted sulphuric acid than by ergot; while menorrhagia dependent upon ovarian excitement is more quickly relieved by bromide of potassium.

Iodine is freely soluble in almond oil, making a useful solution for topical application.

Baths in the Treatment of Phthisis.

The late Professor Laseque (Paris) favored the employment of baths in phthisis, contrary to the generally accepted idea that they are harmful. He only urged, as a condition, that the water should be at least three degrees lower in temperature than the body heat of the patient, and that warm water should be added if the patient complained of the cold. The bath should be continued for about half an hour. He considered that it diminished the perspiration, calmed the feverishness, and invited sleep.

Dr. Laseque was highly esteemed on the European continent as a distinguished philosopher, thinker and clinician; and his recent demise is deeply mourned by the profession in France and elsewhere.

Congestion of Prostate.

A form of retention of urine to which old men are frequently subject is owing to congestion of the prostate gland, which is generally more or less enlarged. Previous to resorting to catheterism or puncture, it would be well, when the case is not too urgent, to try to relieve the congestion by the application of leeches to the perinæum.

Hydrate of Bromal.

Hydrate of bromal is much more active physiologically than hydrate of chloral. Twenty grains of the latter were required to kill a rabbit, whereas the former was effectual in a dose of only four grains.

Restoring Expression in the Eyes of the Dead.

M. Gosse, at the Grenoble Congress, read a few notes on the importance of photography in medical jurisprudence. By placing a few drops of glycerine and water on the cornea of a dead man, the living expression is, he declares, reproduced, the exact position at the moment of death being represented in the photograph. This remarkable discovery at least deserves cautious consideration. It is hardly in accordance with current theories on the eye as an optical instrument, yet has been already suggested by other writers.

THE WOMAN who requested her doctor to bring his uretha with him, is now equalled by her sister who asked *her* doctor to bring his cathedral. The catheter seems to puzzle the ladies.

Gratitude and Disease.

The patient's gratitude to his doctor is part of his disease. It is most declared when the fever is highest, cools off during convalescence, and entirely disappears with the complete return of health. The physician who is in the habit of letting his bills run till the end of the year is furnished with frequent illustrations of this fact.

Bihydrobromate of Quinia.

This remedy, which has only recently become known, contains 60 per cent. of pure quinine and about 30 per cent. of bromide. It is still easier soluble in water than the hydrodromate. The property of all chemical unions of bromide with quinine, to become easily absorbed, to have no disagreeable side-effects, and to act as sedatives besides the specific effect of the quinine, have induced mainly French authors to prefer the bromine salts of quinine to all other salts of the latter drug. Paccoud, for instance, uses only this preparation in typhoid fever, and he believes he obtains a greater freedom from nervous symptoms in cases thus treated than is found under any other therapeutical procedure.

Dr. J. Maximowitsch (*Deutsche Med. Zeit.*, 64, 1885, p. 727), has also investigated the action of this quinine preparation, and he administers it in all cases where quinine is indicated and a special sedative effect is besides desirable.—*Med. and Surg. Reporter.*

Cocaine in Sea-Sickness.

Dr. Manasseine, of St. Petersburg, gives an interesting account of the employment of cocainum muriaticum in sea-sickness (*Berl. klin. Wochenschrift*, August 31, 1885). He argued from its usefulness in the vomiting of pregnancy, that it would likewise be of value in this bugbear of ocean travel. He made a voyage himself in order to test the drug, and, finding among his fellow-passengers a man and a woman who were especially prone to the maladay, made the following observation: Upon embarking he administered to each every two or three hours a teaspoonful of a solution containing two and a half grains of muriate of cocaine in five ounces of distilled water, with the addition of a sufficient quantity of rectified spirits of wine. In spite of very rough weather for a period of forty-eight hours, both individuals escaped sickness for the first time in their lives. He also treated successfully a six-year-old child after it had begun to be sick, and a girl eighteen years of age who had been sick for twenty-four hours before the cocaine was given. Her case being severe, she was given a double dose every half hour, and the result is described as being "truly magical." She remained well during the rest of the voyage. Similar results followed in three milder cases. The writer thinks it justifiable to infer that in this drug we have a certain and harmless remedy against sea-sickness.—*Medical Record.*

The Use of Iodoform Collodion, Especially in Neuralgia.

Dr. William Browning, of Brooklyn ("Am. Jour. of the Med. Sci.") gives his experience with this remedy for external application, together with notes on the preparation itself, and a brief study of its action. The strength usually employed is one part of Idoform to fifteen of collodion. Half an ounce is usually sufficient for a single application. Dr. Browning has found it most effective when painted on in very thick layers, which may be conveniently done with the usual camel's-hair brush. As soon as one coating becoms a little firm another is applied, and so on until it appears to have an average thickness of ½ mm. In the neuralgic cases, a cure, when effected was usually accomplished with one or two applications. The troubles found most amenable to this treatment were narrowly localized neuralgias, especially when corresponding to some particular nerve and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt it being a purely functional affection, and look carefully for some tangible cause. It has thus a certain diagnostic, as well as a therapeutic, value. Several times its complete or partial failure has led to a more searching and successful examination. Even in such cases much temporary relief is often afforded. Supra-orbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seem quite amenable to this treatment. It is not recommended as a substitute for the use of quinine, but only as an adjuvant where the latter fails or acts too slowly.—*N. Y. Medical Journal.*

THE story comes from the West of a man so tenacious of lucre, that when he swallowed a five-dollar gold piece the stomach pump could only bring up $4.50.—*Boston Med. and Surg. Journal.*

Mrs. Bulla's Fast Ends in Death.

Mrs. Veronica Bulla, of Syracuse, New York, died Thursday, October 8th. Her fast began on August 10, fifty-nine days ago, and since that time she did not touch a morsel of solid food, living entirely on water, in which small quantities of morphine were dissolved. When she first declined to eat she weighed 140 pounds. As she lay upon a couch this morning her bones nearly protruded through the skin, which lay in wrinkles, and her eyes were terribly sunken. Many people visited the woman. All the efforts of her physicians and friends to induce her to eat were fruitless. She was a widow, a native of Germany, and well-to-do. Since the death of her husband, eight years ago in an insane asylum, her mind has been affected.

To Disguise the Taste of Medicines.

Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before or after the dose, to blunt the sense of taste, and the dose between them in a wineglassful of iced water renders it easily taken by most persons.—*Squibb's Ephemeris.*

BISMARCK'S present physician is said to have ingratiated himself with "the man of iron and blood" at his first interview. The Chancellor was in one of his moods, and refused to answer any questions, telling the physician that he must discover his ailment without assistance.

"As you like," retorted the doctor, "but you must send for a veterinary surgeon, as such practitioners treat their patients without asking any questions." The retort happened to strike Bismarck just right.—*Medical Age.*

Quinia by Inunction.

About one year ago, I was called to see two children, one five and the other seven years of age, both suffering with malarial fever of a remittent type. I prescribed calomel and podophyllin in small doses every three hours until free catharsis was induced, alternating with liberal doses of quinia. The little five-year-old boy took his medicine without any grumbling, but the combined force of her parents, supplemented by the nurse's and my own efforts, failed to make the little seven-year-old girl swallow the medicine. Finding myself completely balked, I was non-plussed as to how I should proceed as it was plain that we could not force her to swallow, and the parents were unwilling that such a struggle should be gone through with at the repetition of each dose. While thinking about the advisability of a blister sprinkled with quinia the thought obtruded itself, "Why not try inunction?" No sooner thought than done.

Calling for some lard I incorporated a large quantity of quinia with it, at least three or four times as much as I should have given her in twenty-four hours, with directions to rub one-eighth of the mass thoroughly every three hours over the abdomen and inner surface of the thighs. I should have stated that the symptoms in the little girl were of far greater severity than those of her brother. I left, promising to be there at the same hour the next day.

Judge of my surprise, when upon my return I found the patient without fever and getting along nicely. I prescribed the same treatment for the next twenty-four hours. I found her little brother with fever yet, although the remission was well marked. I went back on the third day and found the little girl convalescing rapidly, while the little boy, who continued to take his medicine *per oram*, ran on until the fifth day before his fever "broke." I have had occasion twice since then to resort to the same method, each time with like result, although not quite so promptly.

My success in those cases has led me to infer that inunction would be a good plan to resort to in some of those cases that manifestly need quinia, but, from an irritable or weak stomach it cannot be borne. There are many, many cases in every man's practice in which I opine, used in this manner, it could be made to fulfill the indications for its use.—WM. W. MOORE, M. D., in Peoria *Med. Monthly.*

[It is well to remember that lard is one of the best substances in which to incorporate the quinia. Vaselene or cosmoline is not easily absorbed through the skin; glycerine is perhaps the best vehicle, as it is readily absorbed.—ED.]

The Use of Ox-Gall in the Treatment of Typhoid Fever.

DR. GEORGE V. VAN SCHAICK, (*Quarterly Bulletin of the Clinical Society*, New York, August, 1885) states that for some time past he has been experimenting upon the use of ox-gall in typhoid fever with what he believes to be the most promising results, and although the cases he has treated by its use are but three in number, the very satisfactory results which he observed after the employment of this substance should lead to a further trial of the method of treatment of fevers. Dr. Van Schaick believes that one of the primary causes of the symptoms

of typhoid fever is due to a parenchymatous metamorphosis induced chiefly in the liver, and although such changes occur in other organs, he believes that the hepatic trouble gives rise to the major disturbance. This change evidently causes a very serious diminution in the hepatic secretion, and we have hence imperfect digestion and absence of the great disinfectant of the intestinal canal. For this reason we get decomposition, giving rise to tympanites, with a consequent absorption of the products of decomposition and the production of poisoning, followed by high temperature and mental disturbance. The author believes that if this theory is correct,—that is, that so much trouble is due to the absence of sufficient bile,—we should replace it as soon as possible, and he has therefore employed the best substance he could find,—*i. e.*, pure ox-gall. Of course, it is at once objected that it is impossible to give the patient an amount of bile corresponding with the quantity of its daily secretion. It must be borne in mind that the quantity required is very much less than in health, the patient being fed only upon milk, and fluid diet will probably require but a small amount of biliary fluid. Moreover, there is a certain amount of bile secreted during the disease, and a fairly small quantity added to this may make up the desired amount. Dr. Van Schaick reports the three cases in which this treatment was employed. His method was to administer the ox-gall obtained fresh from the slaughter-house, and administer it in drachm doses in gelatine capsules. The whole treatment consists of 15 grains of quinine on the first day, cold sponging twice a day, and from ½ to 3 drachms ox-gall daily.—*Therapeutic Gazette.*

Cocaine in Cracked Nipples.

Dr. George C. Mecuen writes to the *Boston Med. and Surg. Journal* that he has found it to be a perfect anæsthetic in these cases. In three such cases a four per cent. solution was applied with a small brush, in five minutes a second application was made, and five minutes later two of the patients nursed directly from the nipple, the other using a nipple shield. All experienced a complete relief from pain. Furthermore it did not appear to hinder healing of the part. If time is any object a stronger solution should be used. Washing the nipple before the child nurses seems to make no difference to either mother or child.

PROFESSOR Kœberle, of Strasburg, has received a fee of $100,000 from a Spanish prince for professional attention.

Should Arsenic be Administered to Nursing Women?

The question whether an infant at the breast can be poisoned by its mother's milk, when the latter has taken a large quantity of arsenic, recently came up in a medico-legal case in Paris. Dr. Brouardel was called upon to investigate a case where an infant had died suddenly, and the father was suspected some six months afterward of having attempted the mother's life. The child's body was exhumed and found completely transformed into adipocere, so that the viscera could not be separated from the other part. An analysis *en bloc* was therefore made. The body weighed six and three-fourths pounds, and containcd nearly a twelfth of a grain of arsenic. It was decided that this quantity could not have been derived from the clothing or the soil. To decide in what proportions, if at all, arsenic is eliminated by the milk, Fowler's solution was administered to wet-nurses in doses ranging from three to twelve drops. It was found that the milk contained a comparatively large quantity of arsenic after these doses had been taken for several days. As much as one-sixty-fourth of a grain could be obtained from about three ounces of milk. Experiments on animals, to determine the effects on the milk of one large dose, were not very conclusive, but it was shown that arsenic in these cases was constantly eliminated by the lacteal glands. The greatest care should, therefore, be exercised in giving arsenic to nursing women.—*Medical Record.*

Transplanting an Eye.

Some months ago we published a translation of the report of Dr. Chibret, a French surgeon, made to the Academie des Sciences, and detailing the attempt made by him to transplant the eye of a rabbit into the human orbit in which the globe had been destroyed by disease. The attempt, although demonstrating the possibility of the operation, was unsuccessful, and the daring operator was made the butt of all manner of puerile witicisms launched at him by the press, medical and laical. But what failed in the hands of Dr. Chibret has been successfully accomplished, by an American at that, and the wisdom of the daring Frenchman has thus been demonstrated. On September 7, 1885, Dr. H. W. Bradford, of the Massachusetts Eye and Ear Infirmary, removed an atrophied eye-ball from the orbit of a patient and replaced it with the enucleated eye of a rabbit. On the 25th of the same month, or eighteen days later, the

transplanted eye-ball had assumed all the functions of the one that had been removed, excepting, of course, vision. Movement in every direction was perfect, and, with the exception of a slight haziness, the eye looked perfectly natural. In this case the optic nerve had lost its function before the operation was performed, and vision was consequently not possible under any circumstance.—*National Druggist.*

A New Remedy for Hiccough.

Dr. O. T. Shultz, of Mount Vernon, Indiana, ("American Practitioner"), relates a case of hiccough of nine days' duration, which yielded, on the morning of the tenth day, to one drop of a one per cent. solution of nitro-glycerine, and repeated in one hour. The remedy was continued at intervals of two hours,—gradually extended. On the twelfth day permanent relief was obtained and treatment discontinued. —*Chicago Medical Journal and Examiner.*

Cancer Cure.

M. Landowsky believes that the Brazilian plant called by the natives "aloeloz," and reported to be a cancer cure, belongs to the order *Euphorbia heterodoxa.* A preparation of its juice speedily destroys the affected tissues, layer by layer. The natives paint it freely over the tumor, and cover it with a tobacco leaf.

Pettenkofer on Cholera.

Pettenkofer, the eminent Munich Professor thus impugns the doctrines of Koch concerning the etiology of cholera; "Certain localities enjoy an absolute immunity from the disease, despite the implantation of germs; for the last twenty-six years the scourge has reached its maximum of intensity during the dry season, which is essentially inimical to the development of germs; numerous facts have demonstrated that the doctrine of extension of cholera by water is not tenable; the vast pilgrimages undertaken in India contribute nothing in the way of epidemic; lastly, the germs of the disease are abundant throughout shipping, but cholera does not declare itself excepting under the combined influences of certain local and atmospheric conditions."

A decoction made from the leaves of *Fœniculum vulgare,* or common fennel, acts as an efficient diuretic. It is found growing on chalky cliffs near the ocean.

Plural Births in Russia.

According to the *Medical Review* plural births occur more frequently in Russia than in any other country, and when triplets are noted in the United States the father or mother will commonly be found to possess Russian blood.

A Medical Account of the Last Century.

The following is a copy of a medical account in Scotland of 120 years ago:

Acct—Mrs. Dalziell, in Gateside, Dr. to James and Robt. Kirklands, Surgeons.

1764.		£	s.	d.
Decr. 5,	Impr. your daughter, a box of cerate to her finger	0	0	2
	To your son John, three doses of mercurial pills.	0	1	6
	To materials to foment his neck	0	0	6
	To a large pot of green ointment to it	0	1	2
	To your selfe. a box of ointment to your finger	0	0	2
" 13.	To your daughter, blooding	0	0	6
	To a vomit	0	0	4
	To a dose of purging tincture	0	0	10
	To your servant, James Gray, a dose of pills, per order	0	0	6
	To a pot of ointment for pains	0	1	0
" 19.	To your daughter, two doses of sacred elixir	0	1	6
	To your son John. a pot of digestive ointment	0	1	0
	To James Gray, two mercurial purges, per order	0	1	0
" 28.	To your daughter, two doses of purging pills	0	1	0
1765.	To a pot of anodyne ointment to her neck	0	1	0
June 5.	To your self, three doses of mercurial purging pills	0	1	6
	To discussing plaisters	0	0	10
Augt. 13.	To your daughter, a vomit	0	0	4
	To a cordial julep, 8 oz	0	2	0
" 18.	To the same repeated	0	2	0
	Sum:	£0	18	10

Westerton. Decr. 17, 1765.
Then received from Mr. Thomas Young full payt. of the above acctt., and discharges the same and all proceedings.—JA. KIRKLAND.

Docketted: Acctt. Mrs. Dalziell, in Gateside, to James and Robt. Kirklands, Surgeons. Discharged. 1766.—*Brit. Med. Journal.*

Chloroform Narcosis During Natural Sleep.

The much discussed question as to the possibility of producing chloroform narcosis during natural sleep seems to be settled by the following incident reported by the Indiana *Medical Journal:* "A case recently occurred in this city which would seem to settle the question beyond the possibility of doubt. A cat belonging to a family at 129 N. Noble street, one night recently, overturned a bottle of chloroform, while all were sleeping. None of them awoke till noon the next day, and some of them were so seriously affected by the anæsthetic that the services of a physician were called for."

DR. HOLMES makes a suggestion in *The New Portfolio* to the effect that while a doctor's patients must put their tongues out, a doctor's wife must keep her tongue in.

The Treatment of Typhoid Fever.

BY THE REPORTER OF "CLASS-ROOM NOTES,"
PROF. J. M. DA COSTA.

1. HYGIENIC.—Place the patient in a large, well ventilated room, so that he may get *plenty of fresh air.* Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

Nourishment.—There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at the mid-day meal a little arrow-root boiled in milk, or a soft-boiled egg. Excepting these, allow no form of solid aliment until convalescence is completely established, and even then be careful. *Be sure to feed the patient between* 4 A. M. *and* 5 A. M.; even wake him at this time, to feed him. Allow a liberal supply of water, or toast-water, ginger syrup and water, or claret and water. It will keep the kidneys washed out.

2. MEDICAL TREATMENT.—Different plans have been instituted:—

1. Quinine, which has been justly abandoned.

2. The mercurial plan—calomel, grs v–x per diem, at the first stage of fever—said to modify the intensity of the fever process. Not an effective plan.

3. Carbolic acid, gtt. j–ij, in mint water, every two hours. This remedy is not to be relied upon.

4. Iodine treatment, as Lugol's solution, gtt. ij, four times a day. This promises something good in the way of treatment.

5. The plan used by Dr. Bartholow in the following combination:—

℞ Acid carbolic..... f℥j
Tinct. iodinii..... f℥ij

Dose, gtt. j–iij, every two or three hours.

This is a good plan of treatment.

6. My own plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid; in England, hydrochloric; in France, phosphoric, and in America, nitro-hydrochloric acids. Of the last an ordinary prescription is ♏ xx of the dilute acid in simple elixir. This will also control, to some extent, the diarrhœa.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent symptom to be noticed is the *diarrhœa.* If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, gr. j. Should this fail, use—

℞ Bismuthi subnitrat..... gr. x–xx
Opii..... gr. ss–j

Every three hours.

If this fails, try carbolic acid, gtt. j, with morphinæ sulph., every three hours. Often cupri sulph., gr. $\frac{1}{12}$, with opium, gr, ⅓, is very effective.

For the Tympany cold applications, or injections of vinegar, f℥j–ij to water Oj. Internally administer turpentine, gtt. vij, in emulsion, with morphia, gr. $\frac{1}{48}$. Often strychnia is useful, but secondary to the above.

Thoracic Symptoms.—The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the Circulation by quinine in tonic doses, gr. vj–x, in the twenty-four hours, but alcohol is the best, repeated in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of 150 should come down to 120 or 110. The first sound of the heart is the key to the amount required. From four to ten ounces may be necessary. For nervous symptoms, as headache, delirium, etc., give opium with camphor or with belladonnæ. Chloral is the most useful, but do not give it when the heart is weak.

For high fever, cold water is excellent. Put the patient in a bath until the temperature of the water gets to 72° F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses of ℈j–℥ss in the day.

For intestinal hemorrhage, ergotin, gr. ij–vij, hypodermically, or f℥j fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading tenderness (Peritonitis.) Tinct. opii deodorat., gtt. x every hour, and gr. j

opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have *parotiditis* ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *functional palsies* use strychnia.—*College and Clinical Record.*

Three Leading Causes of Mortality.

Speaking of particular classes of death-rates in England, Professor de Chaumont says: The three most significant are: (1) the deaths of children, (2) deaths from consumption, and (3) those from zymotic diseases. They are the most significant because they are the most preventible by hygienic measures. As regards the death-rate of young children, he considers it a blot upon our social system. One of the most constant of children's disorders is diarrhœa, with which is associated typhoid fever, formerly termed infantile remittent fever. True diarrhœa is partly due to insufficient and improper feeding, but it is also largely dependent upon insanitary conditions connected with bad drainage and impure water supply. The second group of importance is that of consumption. About eighteen per cent. of all deaths are due to diseases of the respiratory system generally, and about ten per cent. to consumption. Consumption is a disease of the rich as well as of the poor, and in the case of the former it has been largely favored, if not caused, by their being too well housed, in the sense that there had been too great a barrier between their living and sleeping rooms and the external afr. The best security against the development or propagation of the disease is free ventilation and the avoidance of chilling draughts. The third important group of diseases is that of fevers. Under this head there are three distinct forms—relapsing or famine fever, typhus fever and enteric or typhoid fever, besides an anomalous class called common continued fever, which would probably diminish or disappear as diagnosis becomes more accurate. Relapsing fever, the old synocha is not common now in England, depending as it did mainly on actual starvation, but was very common in former days, and in particular in Ireland during the famine period of forty years ago. Typhus fever, also called spotted, putrid, or gaol fever, etc., is a disease connected with destitution, crowding together, and dirt. Once started, however, it is capable of being communicated by direct contagion in a rapid and fatal manner. Though looked upon as the most contagious of all known diseases, fortunately its contagion does not spread far, and the disease is most completely amenable to hygienic measures, for to scatter population and allow free aeration is generally sufficient to put a stop to it. A much more important disease is enteric or typhoid fever, which was up to forty years ago confounded with typhus, and is still termed abdominal typhus on the continent. That disease we now know owes its origin to a very different cause than true typhus, being a disease connected with bad drainage or insufficient removal of excreta. It turns up in all parts of the world, and harrasses troops whenever they gather together. Its presence is a sure indicator of insanitary conditions. It attacks the young by preference, although the old are not entirely exempt from it, and it is as much a disease of the palace as of the hovel. Although there has been a great diminution in the enteric death-rate since 1869, the first year in which it was separated from the typhus class, still the fact that they lost through it some 5,000 or 6,000 lives per annum in England and Wales alone, shows that much remains to be done. There is another disease which carries to the public mind a much greater dread than even fever—namely, epidemic cholera, which has lately committed such ravages in Spain, and might possibly reach our own shores bye and bye. Cholera has visited Europe six times, including the present epidemic—namely, in 1832, 1849, 1854, 1866, in which years it prevailed in England; but in 1873, and up to the present time in the existing epidemic, it has not been able to make good a footing. Results have proved on the one hand the utter futility of quarantine by land or sea and on the other the paramount importance of hygienic measures. It is really wiser to render the soil sterile to the seed than to try vainly to keep out the seed by clumsy expedients, which are about as efficacious as if a tortoise were set to catch a butterfly.

What is Murder?

A certain doctor was called to see a lady in the middle walks of life, she being in the third month of pregnancy, and was determined, she said, to have an abortion produced. The doctor after listening to her pathetic pleading for some little time, asked her to give her reasons. Her reply was, "Look at this child"—she was holding on her lap a little girl, aged twelve months—"not old enough to wean. *I cannot take care of two.*"

"Well," said the old doctor, "then you want to get rid of one of them, do you?"

"Yes," said the woman, in a low voice, dropping her head.

"All right," replied the doctor, with considerable firmness, and he picked up a hatchet lying near by, and quickly raised it as if to brain the little girl. The woman screamed frantically and caught the hatchet, saying, in a wild and frightened voice, "Doctor, what in the name of heaven are you going to do? Murder my little darling?"

"Yes," said the sage old doctor, "you said you wished one of them killed."

"Yes, yes, doctor, but not this one."

"But, my dear woman, I prefer to kill this one, because in the other instance I would endanger your life, probably kill you, thereby becoming a double murderer."—*Denver Medical Times.*

The Treatment of Erysipelas.

The treatment of what has usually been termed idiopathic facial erysipelas is of interest both on account of the frequency of the disease and the failure in many cases of the usual means to control it. Many authorities firmly believe in the malarial origin of this disease, and hence quinine, when combined with the tincture of the chloride of iron, occupies a leading place as an internal remedy in the abortive treatment of erysipelas. But the local symptoms, relief of the burning pain, limiting the extension of the disease, and thus preventing invasion of important organs, require prompt and constant attention. Dr. Daniel Lewis (*Journ. Cutaneous and Venereal Diseases*, September, 1885) condemns the use of old lead and opium wash as a vile smelling and appearing preparation, and one which he believes to be very little more efficacious than plain cold water. He further believes that the solution of carbolic acid and oleic acid, in the proportion of 1 to 8, as proposed by Dr. Jacobi, has also the disadvantage of causing considerable irritation of the healthy skin, besides being extremely disagreeable to the patients. Dr. Lewis believes that the object to be aimed at is the use of some dressing which will combine compression of the part together with exclusion of air, and while collodion fills this indication, ordinary white-lead paint is in his opinion much more satisfactory. The method of employing this treatment is to paint the parts thoroughly with white-lead paint, dressing the wound, if there be any, by cotton-wool saturated with boro-glyceride. The pure white lead of the shops is likely to dry too slowly, and it is therefore advisable to add some "dryer" as in ordinary painting, which in no way changes the effect of the application.*

*The composition of this "dryer" is not generally known, as it is a patent preparation. It appears to be some kind of resin dissolved in linseed oil.

The paint should be thicker than for ordinary use; when desquamation begins it peels off readily, even when applied to the head. Dr. Lewis states that he has frequently employed this mode of treatment, and that it serves at once to relieve the burning pain; recovery often takes place with a single application. It is equally applicable to idiopathic and traumatic erysipelas, and even in hospital cases.—*Therapeutic Gazette.*

The Treatment of Night Sweats.

I send herewith a prescription for night sweats, which I have used for many years and found to be very efficient. It is very rare that more than three pills in the twenty-four hours are necessary to promptly stop the trouble; and notwithstanding the fact that these pills are directed only for the relief of a disagreeable symptom, many patients suffering from phthisis declare that they are of real benefit in aiding a case of the disease, and continue to persist in their use long after night sweats have ceased.

This prescription I have found very efficient, also, in relieving the nervous prostration that is so often seen in those who drink alcoholic liquors to excess.

℞.—Oxide of zinc,.....	gr. 12	
Pyrogallic acid,.....	gr. 24	
Sulphate of atropia,.....	gr.	1-24
Extract of lupulin.....	gr. 48	

Mix.—Make 24 pills and silver coat.—Dose, one pill three times a day, soon after meals.

—Q. C. SMITH, M. D., in *Gillard's Medical Journal.*

Treatment of Gonorrhœa.

The manner of treating this affection is at present undergoing a very desirable change. Nobody will doubt that bougies, injection of astringent or caustic solutions, and the internal administration of the balsam of copaiba and cubebs are all fraught with serious objections. Unna's medicinal (soluble) bougies introduced in Germany and Swift's vectors in this country mark the path to a non-heroic but equally successful treatment of gonorrhœa, which, it is to be hoped, will soon supersede all other measures. How irrational it is, for instance, to treat a posterior urethritis—*i.e.*, one situated in the muscular portion of the uretha, back of the musculus compressor—with injections; the liquid does not reach that part at all, as the compressor muscle, as soon as impinged upon by the fluid, resists the latter by reflex action, and closes the urethral lumen. The French method, to close after the injection the meatus

with the finger, and to try to move the liquid from before backward, is little recommendable. The purpose-medication of a certain part is more certainly reached with Ultzmann's capillary catheter, which brings the liquid to the exact point of destiny.

Dr. Finger, of Vienna, still clings to the old time-honored treatment, 10 to 15 drops of the balsam of copaiba, three times daily, after the first stage of irritation has passed (*Zeitschrift für Therapie; Deutsche Medizinal Zeitung*, p. 54, 1885), and then orders the following well-known injection:

℞	Pot. permangan.....	0.02 : 100.0.
	Zinci acet. sive sulphur.....	0.2–0 5 : 100.0.
	Acidi tannici.....	0.2–0.5 : 100.0.
	Argenti nitr.....	0.2–0.5 : 100 0.

—*Therapeutic Gazette.*

Hypodermic Morphia.

The use of morphia and the hypodermic syringe is now so common, the relief from agonizing pain, that it brings so quickly, is so tempting, its convenience of administration so enticing, that we are apt to go to an extreme if we are not very careful. The effects produced by hypodermic injections are very rapid, and in some cases very startling, and it is well that we should occasionally halt and ponder.

There can be no doubt that many lives have been unintentionally sacrificed by the use of this little syringe, and this is a consideration that should make us very cautious in its use. Such an authority as Dr. H. C. Wood has seen death from the injection of one-sixth of a grain, and Dr. Talfourd Jones considered the matter of sufficient importance to discuss it minutely before the British Medical Association.

The great point is that we are too apt to administer too large doses before we have ascertained the susceptibility or tolerance of our patient, and this danger seems much greater in hypodermic than in oral medication. To be on the safe side, it is agreed that the first dose for an adult should not exceed the one-tenth, and for a woman the one-twelfth of a grain of morphia.—*Medical and Surgical Reporter.*

Malarial Fever.

I send the following treatment for malarial disorders, after having used it in over three hundred cases, living in this town, the surrounding country, in western, northern and eastern cities and New York. My reason for giving it is not so much for its originality as for its wide application in malarial poisoning. I have used it in all the different varieties, such as the neuralgic, rheumatic, etc., with almost uniform success, and therefore, as it has been good in my hands, I give is with the hope that it will do as much in the hands of others.

At the suggestion of Dr. John Messenger, of New York City, while in college, I tried it in my own case, with the most gratifying results, as I never had a chill afterward until I came to this town, when the same course gave the same termination, and I have had no more since.

From 40 to 60 grains of potass. brom. are put in about half a glass of water, and at the first symptom of gaping, stretching, occipital or frontal headache, or other sign of an approaching chill, it is taken in three doses, ten to fifteen minutes apart. Immediately after, a capsule containing 5 grains of dextro-quinine, and 1 grain of capsicum is taken, followed in four or six hours by another, and so on until six or eight are taken. This seems to be a permanent stop to the chills.

The above was the original method which gave satisfactory results, but after numerous trials I settled upon the following mixture for the capsules, finding that my results were and are almost always good.

℞	Quin. sulph.,.....		gr. xij-xviij
	P. capsicum.....		
	P. zingeberis.....	āā...	gr. iv.
	P. ex. nuc. vom.....		gr. ij.
	P. ex. xanthoxylum, (Keith's).....		gr. ix.

M. et. ft. capsulæ No. ix.—One every five hours.

A typical case of the tertian variety is treated as follows: Paying no attention to the bowels, the bromide solution is kept on hand and at the appointed time is taken, followed by a capsule containing the last formula, varied slightly to suit different phases of stomach, head or neurotic symptoms. The result is usually an absence of the prodromal symptoms up to the time of the fever which usually makes its appearance in a much less degree. On the next regular day there is an entire absence of all symptoms which continnes indefinitely, some cases giving weight and appetite at once. I have found that cathartics given before treatment are detrimental to a thorough action of the formula.

In the irregular forms, or the quartan variety, I order three or four capsules a day until twelve or fifteen are taken, each containing not more than one grain and a-half of quinine. This treatment is not applicable to children of tender age, and I use for them, especially those under one year, the following, with excellent results:

℞	Fl. ex. jaborandi,.....		ʒ j
	Fl. ex. cimicifuga.....		
	Fl. ex. eucalyptus glob.....	āā...	ʒ ij

M. Dose gtt xx to ʒ j in aqua ʒ viij—a teaspoonful once in two hours according to indications.

It would lengthen this article too much to give my opinion as to the action of these formulæ, but I think that every one will see the *modus operandi*, and I think I can say, not boastingly, that during four years practice in a malarious section, I have had reason to use arsenic, iodine, calomel, or any other method, but few times—not more than a half-dozen. Cases of from two to fifteen years' standing, who have relied altogether on large doses of quinine, have according to their own statement received permanent relief. I may not be believed when I say that I have not used five grains of quinine in one dose for any case of intermittent in three years; but such is the fact, and while I have no antipathy against the quinine, I think that using it so little in the disease that it has hitherto been mostly used in, is worthy of mention.

My strong commendation of a formula which is not only entirely new or original, may seem uncalled for; but when I observed older men who insist that large doses of quinia are the *only* doses that will cure, I feel for the good of those whose eyes are open to anything that will benefit our patients, even if it is out of the beaten track that my experience may be of some use.—WILLIS CUMMINGS, M. D., in New England *Medical Monthly*.

Allen's Hair Restorer.

Wittstein and Masset have separately analyzed "Mrs. Allen's world-renowned hair restorer," and find it to consist of flowers of sulphur, acetate of lead, glycerin, and water, with a little cinnamon, to give the mixture a pleasant odor. The two analyses agree quite closely, as shown by the following comparison: Masset found in 993 parts of the "restorer," of precipitated sulphur, 17 parts; acetate of lead, 26½ parts; glycerin, 320 parts, and water, 630 parts. Wittstein, in 940 parts, found of precipitated sulphur, 16·8 parts; acetate of lead, 24 parts; glycerin, 300 parts, and aromatic water, 600 parts. These analyses show the dangerous nature of the mixture, containing as it does over 2½ per cent of acetate of lead.—*National Druggist*.

THE *Medical Advocate*, of New York City, has become the official organ of the New York State Eclectic Medical Society.

INHALATION of chloroform lowers the bodily temperature.

SHOULD be in every physician's library—"Official Formulæ of American Hospitals." $1.

Class-Room Notes.

(FROM THE "COLLEGE AND CLINICAL RECORD.")

—In all cases of *tapeworm*, at the clinic, Prof. Da Costa uses pelletierine.

—As a local application in *erysipelas*, Prof. Bartholow recommends the use of unguentum hydrargyri.

—In cases of *amenorrhœa*, Prof. Parvin is partial to apiol. Three drops, on a little sugar, are given a few days before the time at which the menses are expected.

—In *condyloma*, Prof. Gross, after having the parts washed with soap and water, to which is added liq. sodii chlorinat., twice daily, sprinkles upon the parts equal amounts of calomel and zinc oxide.

—A man with *hypertrophy of heart* and *aortic dilatation*, upon whose chest could very plainly be seen the systolic dimpling, was given by Prof. Da Costa, quebracho, gtt. xx, bis die, and potassium iodide, gr. x, ter die.

—Prof. Parvin, following the recommendation of Playfair, says that "chloral is peculiarly useful in cases of *rigidity of the os uteri* in primiparæ." He gives gr. xv to ℈ j every hour or so until three or four doses are taken.

—As a tonic for deranged nervous system, in a girl suffering from *chlorosis*, Prof. Bartholow prescribed—

℞ Strychninæ sulph..... gr. j
Acidi phosphoric dilut..... f℥ j
M.—Sig. Ten drops in water, ter die, after meals.

—To support the system in *hectic fever*, Prof. Gross ordered with good food—

℞ Acid. sulph. arom..... gtt. xx
Quininæ sulph..... gr. iij
Ferri sulph..... gr. ij
M.—Sig. Ter die.

—In *catarrh of the nares*, of specific origin, in a man thirty-five years old, Prof Bartholow prescribed—

℞ Sodii iodidi..... gr. x
Syr. picis..... f℥ ij
M.—Sig. Ter die.

—Prof. Parvin says that *varicose veins of the vulva* are relieved by injecting under them some alcohol, which, by inflammatory changes, obstructs the flow of blood into said vessels. However, he says that moderate bandaging is the best treatment.

—Several times, at his clinic, Prof. Brinton has given the followiug combination in cases of *tertiary syphilis*:

℞ Iodi..... ℥ j
Hydrarg. chlor. corosiv..... gr. ij
Potassii iodidi..... ℥ iij
Aquæ..... f℥ iij
M.—Sig. f℥ j ter die.

—When a paretic condition of the bowel is present, and *atonic diarrhœa* exists, Prof. Bartholow advises the use of—

℞ Tr. aloes et myrrhæ..... f℥ vj
Tr. nucis vomicæ..... f℥ ij
M.—Sig. f℥ ss, ter die.

—For a case of *catarrhal pneumonia*, of left apex, Prof. Da Costa gave—

℞ Sodii iodidi..... gr. v
Morphinæ sulph..... gr. 1–48
Elixir simplicis..... f℥ j
M.—Sig. Ter die.

Blisters were advised over apex.

—To counteract the *craving for stimulants*, when they are withdrawn, and to sustain the nervous system, the following combination is effective (Bartholow):—

℞ Tr. capsici..... f℥ vj
Tr. nucis vomicæ..... f℥ ij
M.—Sig. Twenty drops, in water, every four hours.

—In severe cases of *lumbago* Prof. Da Costa advised acetate of potassium, ℈ j, four times daily, to be dissolved in syrup of orange, also—

℞ Atropinæ sulph..... gr. 1–80
Morphinæ sulph..... gr. 1–6
M.—Sig. Hypodermically.

—In *humid asthma*, Prof. Bartholow speaks very confidently of the following combination:—

℞ Tr. sanguinariæ.....
Tr. lobeliæ.....āā... f℥ j
Ammonii iodidi..... ℥ j
Syr. tolutan.....ad... f℥ j
M.—Sig. f℥ j every two or three hours.

—For a case of *acute (dry) pericarditis*, Prof. Da Costa prescribed a few small blisters over the apex, and—

℞ Potassii iodidi..... gr. iij
Potassii acetat..... gr. x
Syr. zingiberis.....
Aquæ.....āā... f℥ ij
M.—Sig. Ter die.

—A case of *ileo-colitis*, occurring in a boy, æt. 10, was treated by Prof. Bartholow, as follows:—Cut off starchy and fatty substances of his diet, but give skimmed milk and beef juice, also the white of eggs, if this agrees with him, and three times a day give—

℞ Bismuthi subcarb..... gr. xv
Acidi carbolici..... gr. ¼
M.

—A case of *chorea*, in an anæmic girl, æt, 8, which followed diphtheria, was presented by Prof. Da Costa. The choreic movements were continuous. Rapid improvement followed the treatment, which consisted in—

℞ Arsen. chlorid..... gr. 1–100
Tr. ferri chlorid..... gtt. v
Syrupi simplicis..... q. s.
Aquæ.....ad... f℥ j
M.—Sig. Ter die, after meals.

—For *alopecia*, Prof Gross, among other things, advises that the hair be shingled, then head cleansed with—

℞ Saponis viridis,..... ℥ ij
Aquæ cologniensis..... f℥ iv
M.—Sig. As a wash every third night, then use several times daily.

℞ Tr. cantharid..... f℥ iss
Tr. capsici..... gtt. xx
Glycerini..... f℥ ss
Aquæ cologn. q. s.....ad... f℥ j
M.

—In ordinary cases of *catarrhal jaundice*, Dr. Neff, at the Hospital, advises the application of a blister over a region marked by a line extending from the gall bladder to the ensiform cartilage. In a few hours after the application the bile pigment disappears from the urine, and the yellow hue of trunk and body rapidly fades, Phosphate of sodium is given in conjunction.

—Prof. Gross directs *beef tea* to be made thus:—Take two or three lbs. lean beef, cut up finely, and place in an earthenware pan. On the beef sprinkle a little salt, over which then place a lump of ice. If desirable, some spices may now be used. When ice melts, place the earthen pan and contents in a second pan containing boiling water, there to remain for six hours, when the tea will be ready for use.

—A case of *vaso-motor paralysis*, with the following history, was shown by Prof. Da Costa:—Girl, æt. 14. A seamstress by occupation; her hands are purple, but this color disappears on pressure. This appearance was first seen three years ago. Her hands and feet perspire very freely. Marked swelling of the hands is present. No heart lesion. She is costive. The cause of the disorder lies in the fact that the nervous supply of the capillaries is cut off, so the vessels dilate. She has not yet menstruated.

She was given aloin, gr. 1-10, every night; also f℥ ss of the fluid extract of ergot, twice daily. This latter will contract the capillaries, and also aid in bringing on normal functions.

—Prof. Gross gave the following directions for making *koumiss*, which he states is an excellent article of diet when the stomach cannot tolerate food:—

Take of—
Grape sugar..... ℥ ss
Water..... f℥ iv
Mix.
Take of—
Milk..... f℥ ij
Fleischmann's yeast..... ℈ j
Mix.

Mix the two ℞s in a quart bottle, and then fill the bottle with milk; cork securely; shake ter die, and on third day use. A quart may be used in twenty-four hours.

In catarrhal conditions of the stomach it is most agreeable.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Ordinarily it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—Ruskin.

Strongylus Gigas—A Rare Case.

Editor Medical World:

S. B., has been failing in health and losing flesh for the past six months. He has had an almost unbearable pain in his back in the region of his kidneys, for three months. His work being in a nursery, and being in a stooping position most of the time, he attributed his back-ache to that. On August 1st, while helping to drive an iron well, while turning the piping the tongs slipped and he fell, spraining his back. He continued to go about for some days after his fall, when all at once, and without any apparent cause, he took a cramp in his back in the region of his kidneys. A messenger came for me, and when I arrived I found him lying on his back unable to move, and suffering intense agony from cramping in his back, which seemed to be deep seated and directly about the kidney. At times the cramping would cease, but the slightest movement would bring it back.

Twenty-four hours later congestion of the kidney came up, and was treated with the usual remedies. In the course of a few days he was able to be up and walk about the room. Not many days elapsed before he had another attack of cramping, but not so severe, and from which he soon got relief.

On awakening one morning, about ten days after the last attack of cramping, he had a strong desire to urinate; but in trying found the water would not pass on account of some obstruction in the urethra which he could feel but could not force out. He lay down again, but the desire to urinate became so strong that he was obliged to get up and try again; this time with better success, for he forced the plug out and then came the water. The plug, or obstruction, upon examination proved to be a worm about six inches long, and as large around as a small knitting needle, slightly tapering, and blunt at the ends; color red, and known as "strongylus gigas." Quain says: "The strongylus gigas has only once been found in the human body. The case was undoubtedly genuine, and the specimen is still preserved in the museum of the Royal College of Surgeons." Pepper says: "This worm, recorded in the catalogue of human parasites is doubtful as such. * * * It is the largest of the nematodes, and is a long cylindrical, red worm, slightly tapering, and blunt at the ends. The mouth is enclosed by six (I can find but four in this one) rounded labial papillæ. The caudal extremity of the male ends in an inverted cup-like pouch, from which the penal spiculum protrudes. The females commonly range from one to three feet in length, and from a fourth to nearly half an inch in thickness. The male ranges from six inches to one foot in length, and from one to three lines in thickness.

"It is frequent in the wolf, dog, mink, weasel, raccoon, otter and seal. It also occurs in the hog, and is reported to have occurred in the horse, ox and man. Usually it is solitary, and occupies one of the kidneys coiled upon itself.

"The cases on record of the occurrence of this formidable parasite in man are of very early date, and are mostly doubtful as to the authentic nature of the worm, and are all unsatisfactory as to the attendant phenomena."

C. G. Bartlett, M.D.

Dunreith, Ind.

Reply to "C. S."—Copabia in Croup and Diphtheria—Public Health Association—Lady Physicians—Climate of Warrenton, N. C.

Editor Medical World:

The case reported by "C. S.," in the last number of your journal, is, in my opinion, a severe form of chronic physteria. The nerve-centres of his worrying, fretting and grieving patient have broken down from being unable to bear the strain thrown on them. Her worn out nerves have impoverished her blood and produced a faulty circulation, and she is now suffering with cerebral and spinal irritation and general exhaustion. The slight womb trouble is, I think, only a symptom, and needs no special treatment. Such cases are the approbrium of the profession, and this one will be very little benefited by remedies unless removed from her present injurious home environments. These are the indications to be attained by the treatment in this case. *Nutrition, sleep, rest* of *both mind and body* and a *restored circulation.*

Some time ago one of your contributors asked for opinions on the use of balsam of copabia in croups. I will state that this remedy has been used with most excellent results, in all forms of this disease, by some of the oldest and

most eminent practitioners of this city for a great number of years. I have been called to see children on several occasions, very early in the morning, whose parents throughout the night had used various other remedies without benefit, when by the administration of a single dose of copaiba relief was afforded. It is more especially valuable in the early stage of this disease, but great benefit may be expected from it in every period of the complaint. How or why it proves beneficial I don't know, still I am confident of its prompt and favorable specific effect upon the mucous membrane. Of course its disagreeable odor, nauseous taste and other gastric and renal irritation caused by its too prolonged use or in excessive doses, precludes its becoming a popular therapeutic agent with the profession. However it is a most valuable remedy by virtue of the favorable influence it exerts on all the mucous membranes of the system. Even in diphtheria it acts beneficially by causing the deposit to be loosened and thrown off. I usually give the plain balsam in half teaspoonful doses, one or two doses of this quantity at half-hour intervals, being a sufficient amount. It is well the next day to repeat every four hours. Others use from twenty to sixty drops in the form of an emulsion.

The American Public Health Association meets in this city in December next. The local committee of this city has held meetings to make suitable arrangements for that occasion, and all that propose coming can feel assured of a hearty welcome and a profitable and enjoyable visit at that time. Dr. Toner, chairman of the reception committee, and Dr. Townshend, our able Health Officer, waited upon the President and invited him to be present. He promised to do so. District Commissioner Edwards will deliver the address of welcome to the association. It is to be hoped and expected that the great importance of such a meeting will secure a large attendance, more especially of members of our profession. Certainly all are interested in public health matters, and very properly all of the profession will be invited to join and co-operate in enlarging the usefulness of the association. It has been decided to have a number of associate members with certain privileges. A circular giving all the particulars in regard to the reduced transportation, hotel and other rates, will be sent to all persons desiring to become members.

Among new members recently admitted into the Medical Association of the District of Columbia were two female physicians. This being a new departure, some opposition was made to their admission, but after considerable delay they were elected by quite a decided vote. This opens the doors of the association to regular female physicians of good standing. A more liberal treatment of female physicians in the past would in all probability have encouraged a large number to have chosen our school of practice in preference to the others. This action, however, and of the National Medical College, of this city, which has this session for the first time admitted lady students, show progress, and better results may be expected of us in the future. There are now seven lady matriculants at this school.

I wish to suggest Warrenton, N. C., in answer to Dr. Heath's inquiry. This is a flourishing town, with good people and schools, surrounded by a rich farming country, accessible by rail, and pleasantly situated, being about 100 miles from the coast, in the northern central part of the State, and sixty miles northeast of Raleigh. The climate there is delightful, the winters being short and mild and the summers are pleasant on account of good breezes and cool nights, The atmosphere is pure and comparatively dry. Statistics show it to be the third place in point of health in the United States. WALTER B. REYNOLDS, M. D.
WASHINGTON, D. C.

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Vaccination a Cause of Bright's Disease.

Editor MEDICAL WORLD:

Several years ago I vaccinated at the Cheshire county almshouse an inmate whose health had always been excellent, and who had never had any kidney disease. The lymph used was bovine, obtained directly from one of the most reliable propagators in the country. The operation was carefully performed, and was a success as far as relates to its primary object. In about a month after vaccination the patient became dropsical; the urine was heavily charged with albumen; skin dry; appetite and strength diminished; dyspnœa upon exertion, and in short, the phenomena of a typical case of acute albumenuria existed. The disease ran its course in some four months, and so obvious was the cause of death that no postmortem examination was made.

Authorities mention animal and zymotic poisons as among the causes producing Bright's disease. They speak of scarlet fever, measles, syphillis, and even that disease which is so closely related to the vaccine disease, smallpox, as sometimes being the cause of albumenuria. If this is so, there is no good reason why vaccination may not occasionally become an etiological factor. In the case we are considering, the evidence that it was the cause is quite plain. The

precise way in which the poison gained an entrance to the system and performed its deadly work is impossible to determine.

Should Bright's disease arise, even in rare instances, after vaccination, the sooner the profession find it out the better it will be for suffering humanity.

I. A. LOVELAND, M.D.

GILSUM, N. H.

Cancer Paste.

Editor MEDICAL WORLD:

The last number of your journal contained an inquiry as to how the paste to cure cancer is made. I will tell you how I have made it for the last twenty-three years. Take equal parts (by weight) of chloride of zinc, pulverized blood root and wheat flour, mix well, add enough water to form a paste; spread the paste just the size of the sore on a rag and apply. Put olive oil around the ulcer before applying, in order to protect the sound tissue. Leave the paste on as long as the patient can bear it. Then remove and if convenient apply a mild poultice or salve. In six or eight days the cancer will come out; if it leaves a smooth and healthy surface, all is well; if not, repeat the application until all diseased tissue is removed.

This has never failed me; but remember that many so-called cancers are not cancers at all; then again, some are so malignant that this paste and all others will not cure, but all the cases I have had for twenty-three years were healed. One that I have on hand now, on the lower lip of a man thirty-four years old, is stubborn, but I hope it will finally yield.

I will be pleased to furnish any further information in my power. JER. HESS, M.D.

QUINCY, Pa.

Danger of Allowing the Placenta to Remain.

Editor MEDICAL WORLD:

Let me report a case the opposite of one reported by Dr. McTavish in the last number. Mrs. H. miscarried at four months; she was attended by Dr. P. The cord was removed and the case left to nature. She began attending to her household duties in one or two days. About a month after the miscarriage (while away from home) profuse hemorrhage began and continued until she was almost pulseless. After the second day the placenta was removed. It was rotten. For four weeks it was a question of life or death; temperature varying from 100° to 104°, and pulse from 120 to 150. The patient finally recovered, but has not regained her former health. The physician who will deliberately leave a woman with a retained placenta is shirking his duty and allowing the patient to run a terrible risk.

G. C. UPHAM, M.D.

VAN BUREN, Maine.

Quacks, Codes, Ozone, Etc.

Editor MEDICAL WORLD:

I see that my article in the August WORLD, asking members of the "WORLD'S household" to give us their views on "What Constitutes Quackery," has brought out several answers, and I hereby extend my thanks to these gentlemen for their answers. So far as I can see, all agree that my "hypothetical" man is *not* a quack, except Dr. F. W. Putnam, of Binghampton, N. Y., who says, "I should call the man in question *a quack*." Now Doctor, when you do this you set Webster entirely aside and disregard his authority. In that article I purposely did not commit myself on the question. Believing it to be due to the "household" that I now should do so, I have this to say regarding the matter: That the time has nearly or quite passed when men who are pursuing *any* profession, more particularly medicine, will longer consent to be circumscribed by any *creed*, *school*, *ism* or *pathy*. No longer will any *code*, except the Golden Rule, be regarded or even respected, except in New York, and there it "busted" the whole profession, State society and all, wide open. It has also nearly, or quite, accomplished the glorious feat of rupturing the American Medical Association into pieces. If we fail in getting the World's Medical Congress to meet in the United States in 1887, it will be on account of old-codists and new-codists. How far beneath the dignity of a noble and learned profession is all this foolishness! I confess the shame and disgrace of my alma mater; of my teachers; of all the older and wiser heads of my profession whose text books, lectures and writings I have been reading and following for the last twenty-five years. *No*, no man can longer be styled a quack because he lets his light shine in public print, so long as he keeps within the truth, does not misrepresent, and conducts himself on all occasions as a gentlemen.

Dr. T. H. Smith wants me to give a pen picture of faculty, college, hospital, etc., at Boulder, Col. I hardly know what the Doctor means, but I mistrust he has secured, somewhere, a circular, or letter, or some magazine article, written or published by some enemy or some rival institution. I am no longer a resident there, but I know quite a good deal of the in-

side of that school. All I can have room here to say is that it is as good a school as any ever was at its age; and that if the Doctor will procure one of their announcements he will find the truth. It is a part of the State University, and will succeed.

If "A Subscriber," of Milwaukee, Wis., will sign his name, he will stand a chance of finding out the formula of "Palmer's Lotion."

In answer to W. C. Hewell, M.D., of Umatillo, Florida, I would say that ozone is most abundant in Colorado, and is most beneficial in pulmonary troubles, and not particularly deleterious in any.

I want to ask Dr. Loring, of Fox Creek, Mo., if the dose (as given in the October WORLD) of his formula for ergot in headache, is correct? Would it not be better to lessen the valerian, increase the bromide and syrup of orange peel, and give teaspoonful doses as often again?

If the gentleman who signs himself "One-who-has-seen-this-thing-around-the-world" will show up his abiding place and give us the same name his mother gave him, I, for one, would be pleased to make his acquaintance.

I will say to Dr. Annie L. Alexander, of Cowan's Ford, N. C., that about seven or eight years ago I knew a case in Dexter, Mich., of an honored physician, Dr. Alex. Ewing, who died of calcarious deposit in the lungs. Post mortem examination showed both lungs to be infiltrated with hard, limey deposits. I do not think the case was ever reported in the medical journals. A son of this man, Dr. Will Ewing, is now practicing medicine in New York City, and no doubt could give you a full history of the case. ELMORE PALMER, M.D.

BELLAIRE, Mich.

Answers.

Editor MEDICAL WORLD:

A. Jackson Henry, M. D., Rochester, N. Y., in October WORLD asks for treatment for acute tonsilitis. I would recommend amoniated tincture guiac in teaspoonful doses administered in warm water every two hours.

A sedative is required in all mucus inflammations, in common catarrh, a bad cold, eyes and nose running, sneezing constantly, tickling of trachea; use specific tincture or fluid extract of aconite, two minims added to one ounce of water; give a teaspoonful every hour. It will surprise any one who has not used it thus.

D. A. McTavish, M. D., of Kawkawlin, Mich., asks for treatment for sprained ankle of long standing; first, forcible flexion and extension of joint, then to be painted with iodine, and ammonia liniment to be rubbed in daily; electricity twice a week and use the limb as much as possible.

CHAS. B. SANFORD, M. D.,

COPIOMA, Kansas.

Ergot in Eclampsia.

MR. EDITOR:—I see in the October WORLD an article headed: "Is ergot a specific for puerperal convulsions?" As the correspondent solicits an answer to the questions of experience and danger in using it in eclampsia, I respectfully give my views and experiences on the subject as follows: Now if eclampsia (according to Fraulee) is caused by acute cerebral anæmia resulting from changes in the blood incident to pregnancy, and if (according to Braxton Hicks) some detrimental ingredient circulating in the blood irritates both the cerebro-spinal system and other organs, together with an anæmic condition of the nerve centres (according to Brown-Sequard), I cannot see how ergot could play any part in the treatment for the relief of any of these conditions. According to Bartholow's therapeutics, ergot would seem to augment rather than arrest the paroxysm, because the acute toxic effect simulates eclampsia. Now I think it would be dangerous to give it as recommended by the old brother, because of the danger of acute ergotism, the effect from which deaths have occurred; then again, if given for some time another danger is imminent—chronic ergotism. I had a case of abortion once that I failed to arrest, and to hasten delivery I used half a drachm of fluid extract of ergot, repeated in half an hour, then in one hour I gave one drachm; about half hour after the last dose I had a case of acute ergotism. I hope I may never have to witness it again; I was sure the patient would die, but she fortunately recovered and I have been cautious ever since in the use of ergot. In conclusion I would say that in so formidable a disease as puerperal convulsions, a physician would be loath to experiment with a remedy that is a stranger to the past and present medical faculties, as far as I know, at least, when we have more reliable and tried remedies for this dangerous and so often fatal disease, and I think it would be hazardous indeed to replace them for new remedies not recommended nor prescribed by the learned and experienced of the profession to whom we look for information. I am resolved, therefore, to follow their precepts, and only apply new remedies when weighed in the scale of experience by the profession.

BLOOMERY, W. Va. J. F. GARDNER, M. D.

A Case of Strychnia Poisoning.

Editor MEDICAL WORLD:

July 29th I was hurriedly summoned to see B. K., a girl of eighteen years, who had been suddenly taken ill a short time before.

Arriving at the house, I found the patient lying on the floor of her bedroom, complaining of pain in the cervical, dorsal, and lumbar regions, but more especially in the latter.

On questioning the parents as to the probable cause of the sickness, they replied that they did not know, but presumed it was caused by some buttermilk which the patient had taken in the morning.

While awaiting further developments a bystander began to fan the patient, and at once she was thrown into a condition of opisthotonos, and on further investigation I found that a touch, a breath of air, or a loud sound was sufficient to produce the same result.

At once the symptoms presented themselves as those of strychnia poisoning, and on questioning the patient I found that she had taken a piece of sausage about three-quarters of an hour before, from the pantry where they had been keeping some poisoned sausage to kill rats with, which had been proving very troublesome.

As the case seemed clear, I began the administration of sulphate of zinc and ipecac, with tannic acid, and as vomiting did not at once occur I also began the administration of bromide of potash in free doses.

The paroxysms by this time became more violent and frequent, producing a condition of asphyxia from the tetanic condition of the respiratory muscles, during which time the face of the patient would assume an almost black hue, from the stagnation of the superficial circulation. To combat this condition I began the inhalation of chloroform, stopping as soon as the paroxysm ceased, and commencing again as soon as signs of another paroxysm presented. This was quite easy to do, as one of the first signs of an approaching paroxysm was the *risus sardonicus*.

As the case was one of great responsibility and of probable death, I called the assistance of Dr. Miller, who had seen cases of the kind before, and who, on examination, agreed with me in the diagnosis, but thought that chloral hydrate was more efficacious than the bromide.

The administration of the bromide was then stopped, and chloral given in thirty-grain doses every twenty minutes, which seemed at once to lessen the frequency and severity of the paroxysms. The peculiar symptoms of the strychnia poisoning were all present, as the *risus sardonicus*, muscular relaxation between the paroxysm, consciousness preserved during the paroxysm (except during the time when the anæsthetic was used), a breath of air producing a convulsion, eyes wide open, lower limbs extended, feet everted, etc. The patient stated that the paroxysms were not particularly painful.

After nearly three hours of close watching, the case was decided out of danger, and further medical treatment unnecessary.

My object in reporting this case is to draw particular attention of the profession to chloral hydrate in this class of cases, and more especially because the authors do not speak with assurance on this point.

Of course I am aware that "one swallow does not make a summer," nor one case of strychnia poisoning demonstrate the superiority of chloral over the bromide; but the rapidity with which it acted, would lead me to rely entirely on the chloral, should similar cases present. I also consider the use of chloroform of prime importance, and it should not be neglected, for with it the prolonged tetanus of a paroxysm can at once be overcome, and the results arising therefrom entirely prevented.

O. C. STRICKLER, M. D.

NEW ULM, Minn.

Cure for Gastralgia.

Editor MEDICAL WORLD:

It will be remembered that in the July WORLD (page 241) I described a distressing accident that occurred to me on the night of April 14th, being thrown from my buggy and sustaining a fracture of both arms, longitudinal fracture of right humorus extending nearly the entire length of the bone, and Colle's fracture of the left radius. It will also be remembered that severe neuralgia of the stomach was added to my sufferings, which resisted all remedies known to myself and five other physicians. I here wish to acknowledge and express my thanks for the many letters of sympathy and advice received from readers of THE WORLD, and also to those who made brief mention of my misfortune and suggested treatment through the columns of the THE WORLD.

In July article I stated that I was then using black mustard seed for the neuralgia with apparent success. I wish to state now that I have not felt a symptom of the neuralgia since I began to take it. The person who recommended it to me says that it cured him after suffering with neuralgia of the stomach for years, and after having spent a good farm in

trying to get cured, but never obtained more than temporary relief until he began using the black mustard seed, and it cured him permanently. He also stated that within the past twenty years he has recommended it in over fifty cases, and it performed a cure in every case.

The dose is a tablespoonful to be taken before meals; it should be placed in the mouth dry and swallowed without chewing when moistened by the saliva. It is not disagreeable to take, there being almost no taste. Although a simple and not "scientific" remedy, for its eminent usefulness I consider it worthy of attention by the profession.

S. B. DIVELBISS, M.D.

LA CYGNE, Kansas.

Briefs.

Editor MEDICAL WORLD:

I am constrained to send the following notes on articles appearing in the October number of the WORLD. I might say, once for all, that my criticisms or comments are offered in all kindness, and without intending to make any one feel humiliated, or to reflect in an unfavorable manner in the least, upon any one's professional skill:

Dr. A. J. Henry, of Rochester, N. Y., asks treatment of acute tonsilitis. I am perfectly satisfied that powdered muriate of ammonia, used in the right way, "will cause an amelioration of the symptoms in twenty-four hours," and a decided amelioration too. I am convinced, however, that directions must be followed closely, as they should be in everything else. I am in the habit of directing the use of Squibb's p. muriat. amm. I direct from ten grains to one-half of a drachm be put in a teacup, and the cup filled with *hot* water, and direct that the patient use the solution as a gargle, and use it *very often*, and as *hot* as possible. What I mean by often is every five or ten minutes in an acute attack. It must be used just as hot as possible. Bicarbonate of of soda or powdered borax may be added, but the above directions are imperative. Try it, Doctor, and report.

The same treatment will reduce the hypertrophy some in chronic cases. I have had better success with nitrate of silver or carbolic acid in chronic cases. Still, my success in chronic cases has not been as marked as in acute ones; and I am of the opinion that the knife is the best treatment, if they are greatly enlarged. I will let some one else reply to the other two questions.

Will Doctor O. S. Lovejoy, of Haverhill, Mass., explain how the principle which he spoke of in his sow would apply in the human species, with the supposition that there was only one ovum thrown off? I do not believe that the reason why one child is a girl and another a boy has ever been satisfactorily explained.

I believe the case described by "C. S." to be one of epilepsy. My usual treatment is to push the bromides thoroughly for a month or two, and then for a couple or three weeks give strychina or iron, and then return to the bromides, and so on.

Dr. D. A. McTavish reports a case of miscarriage at four months, in which he allowed the placenta to remain seven weeks, or until uterine action came on of its own accord. Seriously, is it *safe* to follow such practice? I am decidedly of the opinion that it is not. I know that a placenta will sometimes be expelled in that way, and I also know that in a great many cases, by far the majority I think, it will not. It has been my misfortune to look after a good many cases of retained placenta following miscarriage, and I make it an invariable rule to keep right at the case until the placenta is expelled. If uterine action does not come on, I put in a tent, and I keep putting in tents until I have dilated the canal, or induced uterine contraction. My practice may be wrong. I do not profess to "know it all." My reason for such active treatment is the very great danger of hemorrhage, a danger which all must admit is present in *every* case of retained placenta following miscarriage.

THE MEDICAL WORLD is our private consultation room, and with that in mind have I offered these remarks.

F. W. PUTNAM, M.D.

BINGHAMPTON, N. Y.

Replies.

Editor MEDICAL WORLD:

I would suggest to Dr. McTavish, in his case of sprained ankle of one year's standing, "that keeps swollen around the joint all the time," that he try an elastic stocking.

In anæmia following malarial fevers I would suggest to Dr. Ambler:

℞ Quiniæ sulphatis.....
Ferri sulph. exsic.....āā..... ʒ j
Ex. colocyth. comp..... gr. xx
Strychinæ sulph..... gr. j

M. ft. pil. no. xxx. Sig. One to be taken three times a day.

The patient of Dr. C. S. has epilepsy and is partially insane. He ought to prescribe large doses of bromide of potassium combined with smaller doses of the iodide of potassium.

In answer to Dr. Henry as to the best treatment of tonsillitis in the acute stage, in cases which would end in suppuration, a large dose of quinine given early will sometimes abort the disease, but it must be administered before the formation of pus. Small pieces of ice held in the mouth are very grateful and serviceable. Warm water is a good gargle. Batchelor says the tincture of guaiac in half-drachm doses every four hours "appears to abate the inflammation and to cut short the disease in a remarkable manner." He also recommends mercury very highly. Hypertrophy of the tonsils can generally be cured by the injection of the tincture of iodine into their substance. The hypodermic syringe must have a long needle. An excellent gargle in the chronic stage is the following:

℞ Acidi tannici..... gr. xxx
Alcoholis..... f℥ j
Aquæ, q. s. ad..... f℥ viij

M.—Gargle every two hours.

In the acute stage, leaving out the tannin, the above is very serviceable. I usually apply fat bacon around the neck in acute cases and prescribe a cathartic.

ALBERT G. CRAIG, M. D.
VEVAY, Ind.

Correction.

Editor MEDICAL WORLD:

In my article on "Malarial Hæmaturia" in October WORLD, I should have stated that I give digitalis and squills, one-half grain each every three hours, combined with the calomel and bismuth; but when the stomach is not irritable I leave off the bismuth and then give one-eighth of a grain of digitalis and one-fourth of a grain of squills *every* hour with the one grain of calomel. A. J. HODGE, M.D.
YORKTOWN, Texas.

Remedy for Insomnia Wanted.

Editor MEDICAL WORLD:

Would be very thankful if any of the many readers of your valuable journal could suggest a remedy for insomnia. Have been afflicted over two years, and have tried many remedies without any apparent relief. DRUGGIST.
PHILADELPHIA.

DR. H. M. WEEKS, of Trenton, N. J., writes of the book, "Official Formulæ of American Hospitals": "It is a neat and nicely gotten up little volume, and one that will doubtless come into demand readily, by a large proportion of the profession. The price is very reasonable."

The Tampon in Placenta Previa.

Editor MEDICAL WORLD:

The history of this discussion may be found on pages 173 and 174 of the May number, and page 250 of July number of WORLD.

In September WORLD Dr. J. Mosena says: "Dr. Atkinson intimates that the tampon was the proper thing to use in Dr. Bruil's case." Correct. I will prove it by experience and authority. I have had several such cases; the last one occurred on May 26, 1885; since Dr. Bruil reported his case. I treated that case as I did all the others, and with excellent results. It has always been my good luck to see these cases early. There was always profuse bleeding, with the os undilated. I invariably employed the tampon, either until the case terminated, or until there was a natural dilatation of the os. It always controlled the hemorrhage during its employment. I cannot mention other operative measures used in these cases, as my subject precludes them.

Authorities quoted: "Where we find no cause that admits of immediate removal (this applies to first stage of placenta previa with undilated os), we may still arrest the hemorrhage. The method, which is commonly the readiest, because it requires no special appliance, is plugging the vagina."—Dr. Robert Barnes. "Should the bleeding be very severe, and the os still undilated, the ordinary practice is to plug the vagina firmly with pieces of old linen."—Dr. John Tanner. "If you find the cervix long, narrow and undilated, then introduce into the vagina a tampon, so as to completely fill it up."—Dr. Wm. T. Lusk. "Whenever the hemorrhage becomes excessive, and the os is not sufficiently dilated to allow of active measures, the tampon should be used."—Manual of Midwifery, Hartshorn's Conspectus. With this experience and authority, leaving out a host of others, I conclude that the tampon was the proper thing to be used in Dr. Bruil's case; but I must proceed.

Again, Dr. Mosena asserts that he does "not understand how" I "could use a tampon in such a case with any benefit whatever." The tampon affords the physician time to determine a plan of treatment to be adopted in a given case; "excites the uterine contractions, and answers the double purpose of restraining hemorrhage and hastening the period of relief;" therefore it is of very considerable benefit.

Dr. Mosena says, "such a thing would be in my way." There is just where it should be, especially if he is going to forcibly dilate a cervix which has no previous natural dilation. Listen again to Prof. Lusk: "But I have found that death occurs in a great many cases.

from forcible dilatation of the cervix, and so I think it is best not to be in too much hurry to deliver, but wait till the cervix is fully expanded throughout." It is a pity that the tampon is unable to get in the way of some operators, and save the lives of patients.

Again the doctor says, "Stop up the whole thing and await results?" Yes. Wait until necessity *compels* you to dilate the cervix, and perform operations. By some high authorities the following treatment of placenta previa is recommended: "Rupture the membranes; insert a tampon; give ergot, and allow the tampon to be forced out before the head." So, Dr. Mosena, after you have let your tampon remain in the vagina for some time, you are justified in removing it; then, you can puncture the membranes, and again "stop up the whole thing and await results." Nay, wait until the case terminates favorably.

The doctor states, "To do such a thing (use tampon) would be fatal to your case." Fatal to use a means which checks hemorrhage and excites uterine contractions?

Further: Dr. Mosena thinks "the dilatation could be done with one or more fingers, or with any kind of a dilator." But suppose he dilated with his fingers, would not the hemorrhage be going on all the while? The importance of the question is not how dilatation can be effected, but how it ought to be done. We could dilate with the handles of a blacksmith's tongs, which would be as good as some dilators; but they would not fulfill the indications. The Barnes bag answers the conditions generally present, viz: it excites uterine contractions, controls hemorrhages and hastens dilatation of the cervix.

The following would be my directions in Dr. Bruil's case: Tampon firmly; then wait a reasonable time; if case required the induction of labor, introduce a Barnes dilator, and distend the os. This fills the cervix, compresses bleeding vessels efficiently, and brings labor on rapidly. When the cervix is about fully dilated, puncture the membranes, and either let the head descend, compressing the bleeding vessels, or perform podalic version; preference is given to former procedure. The forceps should be used if the head does not progress favorably by either method. From authority and experience I conclude that, in these cases, the Barnes' dilators are superior to all others.

Lastly, Dr. M. states: "In all cases of placenta previa, we should dilate the os uteri as soon as possible, if not already dilated, extract the placenta, and let the head of the fœtus come down, and deliver at once." The Doctor does not use sufficient discrimination in giving the treatment of placenta previa. For reasons already given, it is decidedly wrong to dilate "in all cases of placenta previa," and to extract the placenta in all cases would be improper. Prof. Lusk says: "It has not been found best in practice to introduce the whole hand so as to completely detach the placenta, but rather, after the cervix has begun to dilate, it is advised generally to pass half or the whole hand into the vagina, and then insinuate two fingers between the cervix and placenta, and strip off the placenta to the extent of about two inches and a half all round." This applies only to placenta centralis. Dr. Tanner says: "This practice (extraction of placenta) has been most vehemently condemned by some eminent accoucheurs." Extraction of placenta should only be performed where the woman is exhausted by profuse hemorrhage, where there is deformed pelvis, or where the child is dead, or too young to be visible.

J. G. ATKINSON, M.D.
OAK HILL, New Brunswick, Canada.

The Ideal Nurse.

Editor MEDICAL WORLD:

Having in a previous number of your journal urged the importance and the advantages of physicians availing themselves of the assistance of competent nurses in treating the sick, and having suggested what I considered the best plan for making their services of the greatest value to both patient and doctor, I now desire to point out some of the duties of a nurse, and the reward due for faithfully performed services. We have read with profit in THE MEDICAL WORLD on several occasions recently, the ideas of a number of your contributors upon the subject of the ideal physician. I wish to present the picture of my conception of an ideal nurse, hoping that it may be of some interest to your readers. If there are few attendants that come up to this standard, still we ought, wherever we can, to assist them in their difficulties and encourage those thoroughly interested in the work. A nurse should possess these qualifications: sobriety, cleanliness, gentleness, firmness, cheerfulness, patience, health, good moral character, and have her five senses in an active condition. She need not be educated, but ought to have good common sense and be able to read writing, so that she can understand all of the doctor's directions. She should do all in her power for the sick, deal justly with the physician, and not place too high a valuation on her own opinion or skill. The bright, attentive nurse will not need to wait for the sufferer to make known his wants; she will understand in a moment the simplest motion,

and will not be hard to awaken during the night, the least restlessness of the patient being sufficient to arouse her to render the desired assistance.

The duties of a nurse are many and varied. She should be competent to select the most suitable room, which should be light and cheerful, except in ophthalmic or brain affections. She must keep the apartment scrupulously clean, free from all unpleasant odor and properly ventilated. The more plainly it is furnished the better. The position of the bed is important, too, according to the nature of the disease; it should be comfortably prepared, the linen frequently renewed, the patient's comfort carefully studied, and his position changed as often as desired, when prudent. Other duties of importance are a capability of preparing neatly and quickly the various kinds of suppositories, bandages and fomentations; to know how to apply them and when to renew them, how to cup and leech, and how to use baths, enemata, massage, and in case of necessity the simpler medicines; to dress wounds, take the pulse, temperature, and respiration, and assist in setting a fractured or dislocated limb. She ought also to be able to select the best, and to know how to use the different disinfectants about the apartment, the bedding, clothing, stools and sputa of the sick. An intelligent knowledge of the preparation of a suitable diet for the sick is indispensable. It is not intended that she should prepare the food herself, unless in case of exigency, but that she have the ability to give full directions, and to know when it is properly done. The physician should consider it his duty, in most cases, to prescribe the diet just as he does the medicine; still there are many conditions in which an expedient regimen is required when the details of its preparation and administration are entirely intrusted to the discretion of the nurse. The appetite of the patient being variable, great care should be exercised that only the quantity it would be prudent for him to eat should be given at once; that it be arranged in the most attractive manner and consist of palatable and tempting dishes. What remains should be promptly removed from the room, and when the patient wishes to drink, care should be taken that the water is perfectly fresh.

It is very difficult to properly estimate the reward due nurses for conscientious and well performed duties. There are times when dollars and cents will not compensate for their services. As they have to undergo considerable training to become competent; submit to the excessive surveilance that in too many houses and institutions is imposed upon them, and perform many disagreeable duties in plying their vocation, they should be treated with the proper consideration and be remunerated liberally when it can be afforded. First of all, they must be made to feel contented; and while we should never permit them to consider themselves indispensable, whatever be their qualities, still we ought to treat them with confidence and respect, being on our guard lest we be too lenient at first and afterwards too strict. Time should be allowed for rest and recreation, otherwise the monotony of the life would become oppressive and tend to discouragement, and the duties would be no longer satisfactorily performed.

A definite rule as regards compensation should be insisted upon, unless the patient is unable to pay. While nursing is a livelihood, yet it is of too noble a character to be undertaken solely from mercenary motives. It is assured to those who discharge with fidelity their whole duty, especially in time of war and pestilence, that the highest service they are enabled to render to others will bring back *the richest reward* to themselves; that in *serving others they will please God.*

WALTER B. REYNOLDS, M.D.
WASHINGTON CITY, D. C.

Acute Pneumonia.

EDITOR MEDICAL WORLD:

I heartily add my testimony of some ten years standing to that of Dr. Palmer in the *early* and *persistent* use of quinia to abort this disease, using ten grains of the bisulphate every two or three hours until the ears fairly ring. The earlier you can recognize this disease and use quinia the better the results. I now have no fear of this disease. It is asserted by some that this plan is only efficient in malarial sections. It was so asserted by my son who practices near Cayuga Lake, N. Y. He was, after much persuading, induced to give the quinia treatment a fair trial, and with the happiest results. Winter before last, while attending a course of lectures in the city of New York, at the College of Physicians and Surgeons, I heard Prof. Delafield speak disparagingly of this treatment; also Prof. Loomis, at the university. I think this due to their lack of experience in this direction. Our local Union County Society has in many of its members very enthusiastic disciples of this abortive plan. For the pain which often accompanies the earlier stage of pneumonia, I do not use opiates, but put over the seat of the pain a blister plaster and cover it with a flax-seed poultice, and this with oiled silk, with happy results. I usually agree to and do break up the disease in from five to ten days; if I get the second stage with

cough, I use the old-fashioned brown mixture, adding to the muriate of ammonia it contains an equal amount of quinia bisulphate. I think it well to premise the use of the quinine by blue mass, followed by a mild saline cathartic. I think best always before using quinine to remove any torpor that may exist in the liver.

RAHWAY, N. J. E. B. SILVERS.

Wild Meat for Puerperal Women.

Editor MEDICAL WORLD:

I am much pleased with your journal. In October number, Dr. Claywill, of Florida, asks the question: "Will wild turkey, venison or squirrel have any deleterious effect on a healthy woman after confinement?" I say emphatically no. It is an old superstitious notion of midwives, for which they never could give me a satisfactory reason. I allow all my patients to have milk, tea, coffee, fresh fish, tender birds or squirrels nicely served up—not too rich—if their appetites call for it, and no harm has ever come of it with any of them for doing so, that I ever heard of.

J. D. BASS, M.D.

PITTSBURG, Texas.

Tardy Ossification.

Editor MEDICAL WORLD:

It is now nearly fifteen years since I was called to attend the following case: The mother was a primipara and the labor was rather tedious, the dilatation of the os uteri being very slow; however, in due time the child was born. I noticed that in laying the child away from its mother that the left leg had a very singular way of doubling upon itself. I found that the femur was not ossified except at the ends. I could twist it in any direction. I stated to the grandmother that in three months it would be all right, and so it proved.

PHILADELPHIA. I. R. S.

Be Accurate.

Editor MEDICAL WORLD:

I have been a constant reader of your valuable journal for several years, to my great satisfaction and profit. I very much admire its practical character, and have repeatedly proved the value of suggestions gleaned from its columns, in my practice.

The "original communications," as voicing the thoughts and experiences of the busy practitioner, are especially valuable, but I have a word of criticism for many articles which appear under the above head—or rather a favor to ask of my brethren who write for this department, and that is, *be accurate*.

When a case is reported giving only a very meagre history, with important points wholly or partly ignored, and a diagnosis apparently jumped at, we are moved to compassion for the author, perhaps, but his article has *absolutely no value*, and falls flat on the mind of every reader accustomed to close mental analysis.

If Dr. A. or B. states that he has treated a large number of cases of pneumonia without a single death, giving treatment, I want him to prove to me that his cases *were* pneumonia, *every one* of them and *none* of them catarrhal bronchitis, or other slight ailment. If he cannot do this, he must, to make his report valuable, reduce the number strictly to include only those cases which can be so proved.

If Dr. C. or D. reports a case of cirrhosis of the liver in an advanced stage, with patient restored to normal health, after a given treatment, I want a *very accurate* history of this case, with all symptoms, objective and subjective, and the methods of examination followed. If this cannot be given, I feel justified in thinking that the good physician merely *suspected* cirrhosis, and his *suspicions* are of very little value to a profession seeking after hard facts.

A century ago it was customary for the "fathers" to write in this paternal way, expecting their readers to swallow all they said without mastication. That age is happily past, and to-day, when an *old* man advances an imperfection in a paternal spirit, we love him for his goodness, perhaps, but we discredit that which is not true, all the same. When a *young* man does this thing, then *the very gods weep*. Be accurate, gentlemen, be accurate.

S. G. SOULES, M. D.

HUDSON, Mass.

Nervous Adjustment Cure.

Editor MEDICAL WORLD:

On page 309, September number, you ask of J. M. Mosena, M. D., "How do you *know* that a nerve was dislocated?" As it was upon my suggestion that the doctor re-examined the case and came to that conclusion, I almost feel as though you had put the question to me. I wrote direct to Dr. M. rather than to THE MEDICAL WORLD, because of the delay in giving the patient relief that would result from the latter course. I have had a number of cases, all interesting, but have not time to write them out. The indications are of a rheumatic nature, loss of nerve tone in dependent parts, and pain upon motion. The treatment, if

rightly directed, gives quick relief, and should be *skillful* massage, in which *no* movement should antagonize the venous circulation. The directions that accompany my flesh brush, though not prepared for such cases, are safe to follow, as they direct the first effort to be made *towards the heart.* I have known a serious "sprain of the ankle," so-called, and as such treated for years at a cost of thousands of dollars, at Boston, New York, London and Paris, eventually *cured* with less than a half minute's treatment by that skillful massagist, W. H. Monroe, 19 Milford street, Boston. I had the facts from the patient, an intelligent Boston business man. He said to Monroe on being relieved: "Doctor, if you had told me on coming in that you would give me such quick relief, I would have told you that I would give you a thousand dollars if you would." Monroe, holding out his hand, said: "It's worth just as much, isn't it?" Dr. Monroe calls his treatment "nervous adjustment cure."

GEO. F. WATERS.

8 BEACON ST., Boston, Mass.

Nitro-Glycerine.

Editor MEDICAL WORLD:

I read with some surprise, in October WORLD, the claims of W. B. Steere, M.D., in regard to having made discoveries with nitro-glycerine. I would suggest to the Doctor to investigate more fully before making such claims.

Ten years ago, to my knowledge, it was introduced to the homœopathic physicians of this country by the late Dr. Constantine Hering, of Philadelphia, and members of his school have not only been using it for angina pectoris, but also for congestive, or apoplectic headaches, and more particularly when the seat of disease is located in the occipital region of the head.

I can certify from experience as to its marvelous action in "coup de soleil," or sun stroke; also in dysmenorrhœa with the accompanying headache, wild delirium, inability to remain quiet, and nausea.

CLEVELAND, O. H. D. CHAMPLIN, M. D.

Wanted.

Editor MEDICAL WORLD:

The reason I take THE WORLD is because it is *practical.* The most benefit is derived by reading articles on diseases at the time of year they are most liable to occur. Then we are more liable to try new suggestions. An article on cholera infantum in the winter will be forgotten next August.

Let us have, at this season, the best treatment for nasal catarrh, tonsilitis, pharyngitis, etc. If any subscriber knows he has a good thing on the above simple complaints, give us the benefit of it. A long time ago I asked for formula for "Roman Eye Balsam," but never got it.

UNION SPRINGS, N. Y. SUBSCRIBER.

Replies.

Editor MEDICAL WORLD:

In the October number of THE WORLD I notice that Dr. Ambler desires to know the best treatment of that form of anæmia which he thinks has a malarial origin. If the disease in question is the progressive pernicious type, the doctor can prescribe arsenic in the form of arsenious acid with the satisfaction that he is doing all for his patient that medical science can do. Give enough of the drug to get only its tonic and alterative power, but not its constitutional effects. It is important to continue the treatment three or four months. A full report of a successful case in my practice will shortly appear in the New England *Monthly.*

Dr. D. A. McTavish's procedure was judicious, in my opinion, in the case he reported, except where traction was made on the cord. At that stage of development the cord cannot withstand a sufficient degree of traction to do any good; so I never pull on it. Sometimes by following the cord along the finger can be forced into the uterus, and the placenta extracted, when without this aid it could not be done. When the os is entirely closed, then wait. The placenta is now simply a foreign body, and as a rule in a week or ten days contractions are excited and it is expelled. The doctor's case was unusual in point of time that elapsed before expulsion took place, yet instances have occurred where this period has been greatly exceeded. In most cases there is more or less hemorrhage till the secundines are expelled.

From a careful reading of the case of "C. S.," I make a diagnosis of epileptic monomania. It is one of the most difficult forms of insanity to cure we have, and when the hereditary origin of the disease is estimated, the case presents an almost hopeless aspect. The free use of the bromides is indicated with tonics. The time may come when it will be best to place her in an asylum.

CLISUM, N. H. I. A. LOVELAND, M. D.

DR. F. W. PUTNAM, of Binghamton, N. Y., writes of "Official Formulæ of American Hospitals:" It contains much valuable information, and many excellent combinations."

Coca for the Alcohol Habit.

In an address delivered before the State Medical Society of Pennsylvania, Dr. Wm. F. Waugh, of this city, related several cases in which he had succeeded in substituting the use of coca for alcohol, in inebriates. He experienced some difficulty in preparing the coca in a form which would be acceptable to this class of patients. At length this was surmounted by Dr. Charles L. Mitchell, of this city, pharmacist, who has devised a form of the leaf which resembles a plug of tobacco, and is used in a similar manner. He calls it *cocabola*, and it appears well adapted to the purpose.

The question remains, whether anything is gained by the substitution. It is familiar to physicians that in a certain number of cases of inebriety the opium habit can be substituted for that of alcohol. We remember hearing this taught as a student a quarter of a century ago. But only in exceptional cases would a physician's conscience allow him to make this substitution. In most, the remedy would be worse than the disease.

Is it different with coca? A number of cases have been recently published in which its intemperate use has led to a complete break-down of the mental and physical powers. This is no new thing. It may not be generally known, but it is an historical fact that for a long time, while Peru was a Spanish colony, the cultivation of coca was prohibited on account of the disastrous effects the indulgence in it had brought upon the population. No one can partake of such powerful nervines in large quantities for a long time without undermining the nervous system. In the present tendency to exaggerate the effects of alcohol, we may introduce some other element yet more potent for mischief.—*Med. and Surg. Reporter.*

THE local application of cocaine is advised in the treatment of whooping cough; not on account of any specific action, but rather as an adjuvant of great value to other measures, owing to its remarkable powers in reducing the excitability of the larynx.

PROFESSOR MAURIAC (of Paris) commences the constitutional treatment of syphilis immediately on the appearance of chancre, averring that mercury in no way hinders or marks the appearance of any of the usual symptoms. He continues the treatment as long as any sign of eruption remains, increasing the dose until a cure is accomplished; and the economy becomes gradually habituated to mercury, when it is persevered with.—*La France Medicale.*

Treatment of Psoriasis.

Dr. Du Cazat (Paris) recommends the daily application of a pomade containing a drachm of crysophanic acid in an ounce of vaseline, in the treatment of psoriasis. He finds it very effectual, though it causes some lively inflammation of the skin and occasionally constitutional disturbances; but these are hardly grave enough to seriously embarass the patient, or contra-indicate the treatment. It gives a violet stain to the linen.

PREGNANT WOMEN are peculiarly liable to abortion when suffering from smallpox, or from tape-worm.

DR. W. C. WILE, editor of the New England *Medical Monthly*, has removed from Sandy Hook to Newtown, Conn.

Do not men know that nothing is more fatal than unfighting war? Bullets only kill one man in forty-two who dies in warfare. Disease does the rest.—*Beecher.*

HOSPITAL pharmacopœas are generally very difficult to seeure, and sometimes an offer of a very high price will fail to secure one. The reason is that they are printed in limited numbers for the officers and physicians of the institution, and they are generally soon exhausted. We have, during the past year, gone to much trouble and expense to collect the pharmacopœas of the principal hospitals of this country, together with other valuable information, and now present *all* to the profession for the very low price of $1! We intended to make the price of "Official Formulæ of American Hospitals" $1.50 or $2, but we feel certain that the large sale will justify the low price of $1.

IN speaking of "Official Formulæ of American Hospitals," the *Medical and Surgical Reporter* says: "These are combinations which a wide experience has shown to be useful. * * Dr. Taylor has prepared a useful work. * * A comparison between them will suggest pharmaceutical combinations to the practitioner, and the practice of these institutions is in a measure disclosed by the formulæ which they customarily employ."

WE regret to say that the September and October numbers of THE WORLD are exhausted. We will endeavor to reserve enough copies in future to supply the demand.

Quix Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

I have received so many valuable suggestions through the THE MEDICAL WORLD that I wish to ask of its many contributors this question, being a country practitioner and subject to all the inclemencies of the weather. How can I keep my feet warm and yet have them look respectable? I am hale and hearty, yet my feet are always cold.

J. W. McKEE.

COCHRAN'S MILLS, Pa.

Editor MEDICAL WORLD:

Please give in your next issue a good receipt for "chlorodyne" and oblige

DR. E. E. BOOK.

NIAGARA FALLS, South Ontario, Canada.

[See page 318, September WORLD, 1885.—ED.]

Editor MEDICAL WORLD:

Please give the medical uses, preparations and doses of red clover.

DR. W. A. PEARMAN.

ELKO, Va.

[Fluid extract of the blossoms; dose, one-half to two fluid drachms.

The blossoms of this plant have long been used in the form of an infusion in whooping-cough, which they are said to relieve promptly. The plant is also valuable as a wash for ill-conditioned ulcers of every kind. Internally it has been used with success in the treatment of scrofula.

For the above information we are indebted to Messrs. Parke, Davis & Co.—ED.]

Editor MEDICAL WORLD:

I would like to ask Dr. Thom, of Mardin, Turkey-in-Asia, why a physician should not be a coroner. He so states in April number of WORLD, in answer to Dr. Putnam's question, No. 17. Will he please answer through columns of WORLD?

C. E. BROWNE.

HARVARD, Neb.

DR. DAVID BOCK, of Hot Sulphur Springs, Colorado, writes: "Enclosed I send $1.00 to renew my subscription to THE WORLD. Would not be without it for ten."

This is a sample of the *very* many expressions of appreciation that we are constantly receiving.

FORMULÆ.

In Acute Rheumatism.

℞ Ext. colchici ..... gr. j
Ext. colocynthis .....
Pil. hydrargyri .....āā... gr. ij

M.—Make one pill. Sig.—Take two a day.

—DR. G. GREGORY.

Cough Mixture.

Dr. H. C. Wood (*Therapeutic Gazette*) regards the following as the most efficient sedative cough mixture that he has ever used:

℞ Potassii citratis ..... ℥ j
Succus limonis ..... ij
Syr. ipecac ..... ss
Syr. simplicem q. s. .....ad.... ℥ vj

M.—Sig. A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels, paregoric may be added in sufficient quantity.

Malarial Jaundice.

℞ Quinia sulphatis ..... gr. xxx
M. Ft. pilulæ No. xii.
Sig.—Three pills every morning.

Also—

℞ Ferri sulphatis exsiccat ..... gr. xl
Manganesii sulphatis exsiccat ..... gr. xx
Acidi arseniosi ..... gr. j
M. Ft. pilulæ No. xx.
Sig.—One pill half an hour after meals.

The patient is also to be directed to take a teaspoonful of the phosphate of soda in half a cup of hot water one hour before meals.—BARTHOLOW.

Dr. R. O. Cowley's Favorite Cough Remedy.

℞ Pot. bromide ..... ℥ iv
Cyanide of Potassium ..... grs. iv
Syrup of wild cherry ..... ℥ iv

M. Sig.—Teaspoonful at a dose.

—*Louisville Medical News.*

In Chronic Rheumatism.

℞ Guaiaci ..... gr. x
Pulv. ipecac co ..... gr. v
Potass. nitrat ..... gr. x
Conf. rosæ .....q. s.

M. Ft. bolus.—Sig. To be taken before retiring at night.

—DR. JAY.

Gibier's Pills for Diarrhœa.

Take of—

Sulphate of quinine	gr. ½
Extract of aconite	gr. ½
Tannic acid	gr. ½
Extract of opium	gr. ⅙
Spirits of quince	q. s.
Powdered licorice	q. s.

M.—Make into one pill.

An Irritative Dyspepsia.

℞	Bismuthi subnit.	
	Acaciæ pulv.	
	Sodæ bicarb. āā	gr. iv

M.—For one dose. Take three times a day.

—Dr. G. Bird.

In Debility.

(Used in St. Bartholomew's Hospital, London.)

℞	Ferri et ammon. cit.	gr. viij
	Ammon. carb.	gr. ij
	Spt. chloroformi	♏ x
	Inf. quassiæ ad	℥ j

M.—For one dose.

Ricord's Cough Pills.

℞	Morphiæ hydrochloratis	grs. v
	Extracti hyosciami	grs. viij
	Rad. belladonnæ pulv.	
	Rad. glycyrrhizæ pulv.	
	Mellis āā	grs. xiv
	Balsam tolutani	
	Ol. theobromæ āā	grs. lxxv

M.—Make into 100 pills. Each will contain 1-20 of a grain of morphia. Dose, one pill every five or six hours in chronic bronchitis, accompanied with cough.

—*Chicago Medical Times.*

For Chronic Malaria.

℞	Strychnia	grs. ij
	Ferri sulph.	grs. l
	Arsenious acid	grs. jss
	Ext. quassia	grs. c

M.—Make mass and divide into fifty pills. Take one half an hour after each meal.—D. Colvin M. D, in *Med. and Surg. Reporter.*

An Aperient for Children.

℞	Mannæ	℥ ij
	Magnesiæ	℈ j
	Tinct. rhei	℥ j
	Syr. rosæ	℥ ij
	Inf. sennæ	℥ j
	Aquæ minthæ pip.	℥ ss

M.—Sig. A teaspoonful every third hour until the bowels are moved.

Formulæ for the Use of Iodoform.

An injection for chronic catarrh of the bladder, urethritis, etc.—

Take of—

Iodoform	1 part
Glycerin	5 parts
Distilled water	100 "

For hypodermic injection in syphilis.—

Take of

Iodoform	1 part
Sulphuric ether, Olive-oil, each	5 parts

For internal use in convulsions.—

Take of—

Iodoform	18 grains
Iodide of potassium	1 drachm
Red wine	2⅔ drachms

From three to fifteen drops are to be given, in a glass of wine, three times a day.

Pills for bronchitis and emphysema.—

Take of—

Iodoform	1½ grain
Lycopodium	6 grains
Extract of phellandrium	15 "

Divide into ten pills. From three to five to be taken daily

"Catarrh and Croup Pad."

Take of—

Lobelia, herb	oz 1
Tartar emetic	gr. 10
Blood root	oz. ½
Blue cohosh	oz. ½
Yellow Peruvian bark	oz. ½
Pleurisy root	oz. ½
Gum myrrh	oz. ½
Oil of stillingia	dr. 10
Oil of cajeput	dr. 20
Oil of cinnamon	dr. 10
Oil of lavender	dr. 20

Grind the drugs to a moderately fine powder and mix with the gum and oils.

For catarrh, make an oblong pad and wear well up to the throat. For croup, make long pad and wear about the throat.

Aphrodisiac Pill.

℞	Sulph. quiniæ	gr. j
	Ext. damianæ	gr. iij
	Ext. nucis vomicæ	gr. ⅛
	Phosphori	gr. 1 100

M.—Make one pill.

For Epilepsy.

℞	Brom. Sodæ	℥ viij
	Sulph. strychinæ	gr. ss
	Aquæ	♁ j

M.—Sig. Teaspoonful three times a day.

Aseptin.

This preservative material for milk, meat, etc., is said to be made as follows:

Take of—

Borax.....parts 2
Alum..... 1

Powder and mix thoroughly together.—*Nat. Druggist.*

Sanford's Catarrh Cure.

Mr. D. S. Sager, of Brantford, Ont., writes to the *American Druggist* that this nostrum, if made at the present time as it was about three years ago (and he thinks this is the case) consists of a *distilled extract of witch-hazel and glycerin.* A mixture of these produces the exact counterpart of the "cure." The precise proportions were not determined.

DR. D. DESNOYERS, of Valcourt, Canada, writes: "I pay three dollars for my monthly journals that do not give me as much valuable and practical information in one year as THE MEDICAL WORLD in one month. To me it is the *utile dulci* of Horace."

THE *Physician's Magazine* says of "Official Formulæ of American Hospitals": "It presents, in a convenient form, a collection of the formulæ most used in the principal hospitals. Such a handbook is of more value to the busy practitioner than are many ponderous volumes issued at ten times its cost. This is one of the instances where *worth* and *cost* bear no relation to each other."

DR. ELMORE PALMER, of Bellaire, Mich., writes "You have done in this work (Official Formulæ of American Hospitals) a great benefit to the American medical profession, one which will no doubt be highly appreciated, as it most surely should be."

BOOKS, PAMPHLETS, ETC.

DR. H. M. WEEKS, of Trenton, N. J., writes of the chart, "The Urine in Disease": "I regard it as a very valuable help to the practitioner, easily worth twice the price." (The price is fifty cents.)

THE *Popular Science Monthly* easily maintains its position at the head of popular scientific publications. Two specially interesting articles in the October number are: "Tommasi-Crudeli on the Reclamation of Malarious Countries," and "Tissue Selection in the Genesis of Disease." The other articles, editorial department, etc., are valuable, as usual.

THE ideal literary publication of America is undoubtedly the *North American Review.* It deals with the highest kind of thoughts, from the most intellectual sources, and each number seems better than the preceding. The November number contains among other interesting articles, "Progress of Democracy in Europe," by Emilis Castelar; "Slang in America," by Walt Whitman; "Race Prejudice," by Gail Hamilton; and a symposium upon "Shall Silver be Demonetized?"

THE TECHNOLOGY OF BACTERIA INVESTIGATION; by C. S. Dolley, M. D. Published by S. E. Cossino & Co., Boston. Price $2.00.

This is a handsome volume of 263 pages. Explicit directions are given for the study of bacteria, their culture, staining, mounting, etc., according to the methods employed by the most eminent investigators. The work is very valuable for those who take an interest in investigating disease germs. The germs of malaria, typhoid fever, and various other diseases are considered separately.

ELEMENTS OF MODERN MEDICINE; by R. French Stone, M. D., professor of Materia Medica, Therapeutics and Clinical Medicine, in the Central College of Physicians and Surgeons, Indianapolis. Published by D. Appleton & Co., New York.

This is a volume of 368 pages, handsomely bound in leather, with tucks, designed for the pocket. More than one-half of the book is given to the consideration of general pathology. The various subjects that come under this heading are very ably considered, but it is questionable if such matter is appropriate for a *pocket* manual. General pathology is not mastered by frequent handy references, but by careful study in the office. The remainder of the book is given to materia medica and therapeutics, in which the *principles* are considered fully and admirably. The greater part of this department, also, is better adapted to careful and systematic study in the office, rather than for ready reference. The book has very great value as a book to study, but very little value as a pocket reference book. The fever charts that accompany this book are useful.

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST FOR 1886. P. Blakiston, Son & Co., Philadelphia.

When we consider that this is the fifty-third year of the publication of this list, we must conclude that the continued popularity of this list is based upon merit. Price, from $1 to $3, according to size, etc.

"SECOND REPORT OF THE STATE BOARD OF HEALTH OF TENNESSEE."

A substantial cloth bound volume of 600 pages containing much interesting matter. Judging from this report, the Tennessee Board of Health is well up and thorough in sanitary matters.

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Of high order from a scientific point of view.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Published by the Illustrated Medical Journal Co., Detroit, Mich. Price $1.

The fact that this book is not made cumbersome by reading matter, such a dose lists, etc., will be considered an advantage by many. For convenience and simplicity of arrangement, we have not seen its equal.

"COURIER OF HEALTH.' A popular health monthly, edited by F. C. Hoyt, M.D., St. Joseph, Mo. $1 per year. Sprightly and interesting.

"DIANA." A psycho-physiological essay on sexual relations. Burnz & Co., 24 Clinton Place, N. Y. Price, 25 cts.

We have not had time to read this; it seems to be intended for popular reading, and it appears to take a high view of the subject. An admirable (and bold) feature is that the spelling is according to the joint rules recommended by the Philological Associations of America and Great Britain.

WESTERN NORTH CAROLINA; its resources, climate, scenery and salubrity. By H. P. Gatchell, M. D. Interesting and delightful. We presume that this pamphlet will be sent free to physicians who address E. A. Gatchell, M.D., Asheville, N. C.

"VOICE IN SINGERS;" by Carl H. Van Klein, A.M., M.D., Dayton, O. Price 25 cts.

"SURGICAL NOTES;" from the Case Book of a General Practitioner. By Wm. C. Wile, M.D., Newtown, Conn.

CHOLERA: its Cause, History, Prevention and Cure. By W. O. Stillman, A.M., M.D., Albany, N. Y. Price 15 cts.

SCARLET FEVER, AND CERTAIN SUGGESTIONS FOR ITS TREATMENT. By T. Griswold Comstock, M.A., M.D., of St. Louis. Will notice more fully in future.

"MISSION AND METHODS OF MEDICINE." An address by R. H. Day, M.D., President of the Louisiana State Medical Society.

"EXCISION OF CANCER OF RECTUM." By G. J. Cook, M.D., Indianapolis, Ind.

"THE THERAPEUTICS OF HIGH TEMPERATURE IN YOUNG CHILDREN." By Wm. Perry Watson, A.M., M.D., Jersey City, N. J.

"THE PHYSIOLOGICAL EFFECTS OF MASSAGE." By Benjamin Lee, A.M., M.D., PhD., Philadelphia. Price 25 cts.

TABULAR STATISTICS of one hundred cases of urethral stricture, treated by electrolysis, without relapse. By Robert Newman, M.D., New York.

THE SURGICAL TREATMENT OF CYSTS OF THE PANCREAS. By N. Senn, M.D., Milwaukee, Wis.

SOME INTERESTING REFLEX NEUROSES. By J. J. Caldwell, M.D., Baltimore.

THE INDIANA MEDICAL LAW as construed by the Attorney General.

DUTY OF THE STATE TOWARDS THE MEDICAL PROFESSION. By Conrad George, M.D., Ann Arbor, Mich.

IN PRESS.—A Treatise on Diphtheria, historically and practically considered, including croup and tracheotomy. By A. Sanne, of Paris. Translated, annotated, and the surgical anatomy added, with a full page Colored Plate, and thirty-six illustrations, by Henry Z. Gill, A. M., M. D., LL. D., of Cleveland, O. Published by J. H. Chambers & Co., St. Louis, Mo.

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WHEN you are not conscious of having a stomach, it is an indication that your digestion is good; so with all the other organs. So, also, with instruments, particularly Dr. Hoffman's anatomical pessary. It will correct *any* displacement of the womb, and when adjusted the patient is not conscious of having a womb or an instrument either. For further particulars, address E. F. Hoffman, M. D., 45 West 25th St., New York.

WILBUR'S "vanilla cocotina" is the most delicious that we ever tasted. It is instantly prepared for the table without boiling. A sample will be sent free to physicians who mention THE MEDICAL WORLD. Address, H. O. Wilbur & Sons, 1211 and 1213 Clover street, Philadelphia.

ELECTRICITY was used entirely by quacks until the profession took it up and put it on a scientific basis. Oxygen is now going through the same history. Regular physicians are beginning to use it with great advantage. For information, circulars, etc., concerning the production and uses of oxygen, address Chas. Beseler, 218 Center street, New York.

WITHOUT any partiality, it is well known by physicians throughout the country that Dr. Staufer has brought up his series of womb examining and supporting instruments to present perfection by improvements as circumstances called for. Remodelling hard rubber goods is an expensive affair, as all know who ever procured any hard rubber molds; which may account for the fact that so rarely improvements are made in hard rubber goods.

EACH year the *local* application of remedies for local diseases increases, and many have been the

devices, appliances, etc., for different purposes. For diseases of the respiratory passages, the "Pillow-Inhaler," appears to possess decided merits, as it supplies, during the sleeping hours, any kind of an atmosphere that the physician thinks proper to prescribe. A full descriptive circular, etc., will be sent free to readers of this journal, on application. Address, Pillow-Inhaler Co., P. O. Box 1177, Philadelphia.

READ carefully the testimonials in Messrs. Hastings & Garson's advertisement. We have seen the original letters from a very large number of physicians, from different parts of the country, who speak in the most favorable manner of the Uterine Supporters, as well as of other surgical appliances of their manufacture.

SEE advertisement of Procter's Pepsin, and send and get an ounce on terms mentioned, *for trial.* It is of more than officinal strength, it is *pepsin* (not peptone), and will not deteriorate by age. Try it.

THE price of Anderson's Vaginal Capsules has been reduced from seventy-five cents a box to sixty cents, to physicians. Try them.

HAVE you not had many patients with whom all syrups would disagree? Syrups nauseate many stomachs. In all such cases Kidder's *wine* of the hypophosphites should be used. If THE MEDICAL WORLD is mentioned, a sample will be sent free; also a sample of "digestylin," a new preparation; also of hydroleine, if you have never tried that valuable preparation. Address, Wm. F. Kidder & Co., 83 John street, New York city.

THREE valuable pamphlets on cocaine have been published by Messrs. Parks, Davis & Co., of Detroit, Mich. They will be sent free on application to readers of THE WORLD.

IT is claimed that Lactated Food is a perfect food for infants. A regular package for trial will be mailed free to readers of THE MEDICAL WORLD. Address Wells & Richardson Co., Burlington, Vt.

USE Anderson's Vaginal Capsules. See adv.

USE Cutter's inhaler; only $1. Prescribe it for your patients. It is the simplest, most durable, and cheapest.

IN writing to Messrs. Parke, Davis & Co., for literature, samples, etc.. always mention THE MEDICAL WORLD. See their advertisement on the last page.

To readers of this journal a detailed list and samples of soft and hard capsules will be sent free. Physicians, please specify "Gedney's" when ordering or prescribing. Address, L. H. Gedney, 302 East 80th street, New York city.

READ carefully the advertisement of Bunn's Uterine Supporter, on advertisement page. It is claimed that it has never disappointed a single physician who has tried it. Send him $1.50 for one, and 14 cents for postage, and report to him result of its use.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcome by the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth street, New York City. The price is *very* reasonable. Send for descriptive circulars, and mention THE WORLD.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free, if you mention this journal.

A SAMPLE bottle of any of the Phenic Acid preparations will be sent free to physicians who mention THE WORLD. Address the Declat Manufacturing Company, 86 Warren street, New York.

BE sure to send a postal card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent if the WORLD is mentioned.

SEND a postal to B. Keith & Co., 41 Liberty street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm. R. Warner & Co., for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, adways mention THE MEDICAL WORLD. Notice the advertisement of hydrobromate of caffeine.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who are willing to pay express charges. Address the Rio Chemical Company, 218 N. Second street, St. Louis, Mo., and mention this journal.

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DR. JENSEN will send samples of his crystal pepsin to those not acquainted with its use, if this journal is mentioned. Samples to Canada, 10 cts. for extra postage. Address, 2039 Green st., Phila.

SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk, free if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co., on adv. page vi.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore, and get a physician's sample of Mineral Earth. Always mention THE WORLD.

BOSTON MEDICAL LIBRARY

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like rain-drops on the stones.—FROUDE.

The Medical World.

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C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520–1522 Chestnut Street,
PHILADELPHIA, PA.

VOL. III. DECEMBER, 1885. NO. 12.

Management of Epilepsy.

It is a noteworthy fact that many epileptic subjects are prone to eat to excess; and this should be born in mind by the physician, who will do wisely to council his patient against the habit, which certainly tends to aggravate the disease, and militates against what might otherwise prove successful medication. The bromide treatment of epilepsy is well supplemented by the use of small doses of tincture of digitalis, which combats the depressing tendency of the bromide salts. The state of the intestinal canal should receive special care, constipation being oftentimes a predisposing cause of epileptic seizures. The regimen should be poor and plain rather than rich and generous; and alcohol is in most cases, best avoided. Bromides of potassium, sodium and lithium, each have their advocates; and they are also well given together.

Santonine.

Santonine is a colorless crystallized substance, which becomes yellow by the action of light. It is sparingly soluble in water, and dissolves in 50 parts of rectified spirits or 100 parts of oil. Frequently, after its absorption, it causes perversion of the senses of sight, taste and smell. Objects assume a yellowish or violet hue, and the urine assumes an orange tint, becoming deeper colored in proportion to its alkalinity. Santonine promotes appetite. It acts on the vascular system, but, unlike ergot, has a beneficial action on the stomach. It is best known as a useful anthelmintic, especially for children, acting very promptly against all but tape-worms. Lately its value has been demonstrated in the treatment of amenorrhœa and dysmenorrhœa, particularly in the anæmic varieties, in the doses usually employed for its administration as an anthelmintic, and sufficient success has been met with to warrant a further trial of its uses in disordered menstruation.

WE hope to make the January number an unusually valuable one. If we may anticipate judgement upon it, we will venture that those receiving it will feel that they could not well have afforded to do without it. Twenty thousand copies will be issued. Be sure that you are entitled to receive one. Send your *very best* contributions for this number.

THE republication, as promised, of the formulæ of proprietary medicines hertofore published in THE WORLD will be begun in the January number. Subscribe now if you want them.

LOOK over the yearly index in this number and see if you do not think that THE MEDICAL WORLD for one year is worth one dollar.

WE are pleased to announce that Dr. Lewis is preparing a chart, or tabular arrangement, presenting the treatment of disease by hypodermic medication. It will be complete, and the very latest knowledge up to the time of going to press will be included. It will be published in the January number of THE WORLD. A glance at it will give more information on hypodermic therapeutics than an hours study of the subject in books. This alone will doubtless be considered by many as worth the entire year's subscription. Do not fail to get it.

The Current Medical Thought.

ANTIPYRIN not unfrequently produces an exauthematous eruption resembling measles, scarlatina or urticaria; and the eruption is accompanied by some fever and general disturbance. It is best given "per orem."

DYSIDROSIS, a disagreeable perspiration of the feet, is perfectly remediable by the application of a strong solution of boric acid. The stockings might be soaked in this, and allowed to dry before using.

DR. ALFRED MEADOWS recommends conium as a specific in all cases, whether neuralgic or inflammatory, in which the ovaries are the seat of pain.

MISS ALCOTT remarked during a trip on an ocean steamer: "They name ships Asia, Persia and Scotia. I wonder why it doesn't occur to somebody to name one Nausea."

A "STY" on the eye lid may be aborted by administering ¼ to ½ grain of sulphide of calcium three or four times a day.

"FOLWART," or *Tradescantia erecta* is a plant growing freely in Mexico; its leaves are chewed or crushed by the natives and applied to bleeding surfaces. They esteem it a powerful styptic, equal in efficacy to strong perchloride of iron.

COLA seeds are said to contain more caffeine than even coffee; they are credited with the property of restoring drunkards to their senses.

For Suppurating Glands.

Half a grain of sulphide of calcium, administered four or five times daily, is very beneficial in suppurating and scrofulous glands of the neck.

Starch as a Food.

Starch may be said to supply nearly two-thirds of the natural food of man in the form of cereals and leguminous plants. In the raw state it is almost entirely indigestible; but when cooked it is readily converted into maltose by fluids containing diastase, such as saliva, extract of malt, or extract of pancreas. In "non-cooking" animals, the outer covering of the starch granule is probably first dissolved by some unknown solvent, and then the granule is dealt with by the diastase.

For Spinal Tenderness.

Torino (of Italy) noticed, in many cases of vomiting of pregnancy, that there were tender spots over the dorsal vertebræ, indicating spinal anæmia or irritation. He prescribed phosphate of zinc (about grain $\frac{1}{12}$) and extract nux vomica (grain ½) three times a day, with almost immediate benefit.

Continued Coma.

It is well known that coma may sometimes last for considerable periods, and may at times, even to the practiced eye, wear very much the same aspect as death. Its association with convulsions, in children especially, may be mistaken, by anxious onlookers, for rigor mortis. It is a fact that hardly any one sign short of putrefaction can be relied on as infallible, though in actual death one may confidently reckon on the co-existence of more than one of these signs. Besides rigor mortis, the entire absence of which, even in those deaths which are said not to show it, we take leave to doubt, the post mortem lividity of dependent parts affords sure proof, as its absence suggests a doubt, of death. Probably most physicians are wont to rely upon the stethoscopic evidence of heart and lung action; and these, indeed, are nearly always sufficient to decide the question of vitality, if they be closely watched for a couple of minutes.

Hernia Statistics.

In England, one death in every five hundred is due to hernia; in strangulated cases, one in every five is fatal; four-fifths of the cases are inguinal; one-eighth, femoral; one-twentieth, umbilical. In males, inguinal hernia is twenty times commoner than femoral; in females, femoral is commoner. Inguinal hernia is the most frequent in early life; femoral between the ages of twenty and thirty.

DR. W. S. BAIN, of Caddo Mills, Texas, writes, asking us to discontinue his "For Sale" advertisement because he cannot answer all the letters! Verily, THE WORLD is widely sought for all kinds of medical information.

DR. LOUIS LEWIS has moved his residence from 1632 Vine street to 1922 Mount Vernon street, Philadelphia.

Chloroform in Child-Birth.

Respecting the action of chloroform in child-birth, Dr. J. H. Claiborn, of Virginia, thus summarises:

1. The process of labor in all its stages is facilitated.
2. The duration in all its stages are short-

Excision of Uterus.

The entire uterus has lately been excised (per vaginam) for cancer of the neck. The operation was performed by an English surgeon, near London; and up to now, bids fair to have a successful result.

Syphilis of the Brain.

Syphilis of the brain is characterized by occipital pain, constant vomiting, retraction of the head, drowsiness, partial loss of vision with neuro-retinitis, and unsteady co-ordination of movements in the limbs.

Dysidrosis.

Dysidrosis, a disordered condition of the sweat follicles and their functions, is frequently mistaken and treated for eczema. But, in the former disease there is no pus, nor are there any crusts formed; the vesicles are only the result of a distension of the follicles by their natural secretion; these vesicles, by coalescing, produce bullæ; or by aborting, become papules. Portions of the cuticle also become macerated by the sweat, producing white patches. This sweat turns acrid and foul-smelling, by contact with air, and may thus set up an eczema, by irritation. Dysidrosis usually occurs in debilitated "run down" subjects with obscure nervous symptoms, who perspire too freely. Local treatment is unavailing, unless supplemented by diuretics to relieve the skin, and the free exhibition of such tonics as quinine and nux vomica. Locally, salicylic acid is of most service.

Treatment of Acute Eczema.

Acute eczema of the lower extremities can never be thoroughly cured unless the lower parts are kept in a horizontal or raised position, motionless and unimpeded by ligatures of any kind, such as garters or tight fitting garments. Eczema of the trunk should be enveloped in a vulcanized caoutchouc jacket, applied closely to the parts. Oil of almonds and lime water, equal parts, form a useful liniment, under the caoutchouc. All lotions or liniments should be tepid, never cold in these cases.

Acute rheumatism, rheumatic gout, lumbago, and tonsillitis have been noticed as diseases specially incidental to workers in vinegar factories, due probably to the action of the acetous vapor which tends to retard the elimination of morbid material by the skin.

The inunction of oleate of mercury in the region of the liver is useful in the treatment of hepatic congestion.

Excessive action of an organ is not generally due to disease of that organ: for instance, severe palpitation is not always due to heart disease, and severe vomiting is generally performed by a healthy stomach, though at the time, the muscular fibres in the organ, without being diseased, might be more irritable from some such cause as irritable ingredients in the blood, or pathological conditions of neighboring parts, as hepatic disease.

Treatment of Scarlatina.

Dr. Duchesue (Boulogne) thus summarizes the best treatment of scarlatina (as a prophylatic small doses of belladonna extract in water, several times a day): Acidulated drinks, rest in bed, mild temperature of room, cold affusions, drinks containing musk, or minderus' spirit, or the three bromides combined, for the nervous complications. Alternate insufflations of alum and tannin for the angina, lumbar frictions of croton-oil for anasarcous symptoms, and flying blisters in heart complications.

In Fatty Degeneration of the Heart.

M. Germain See (Paris) says that the principal medicaments indicated in fatty degenerations of the heart include iodides and cardiac tonics, such as fractional doses of digitalis, and convallamarine. Where cardiac asthma exists, he adds pyridine inhalations and morphine injections.

An Elegant Phosphorus Elixir.

Take of—

Phosphorus	gr. iss
Chloroform	ʒ iiss
Absolute alcohol	℥ iss
Glycerine	℥ vj

Dose, ♏ xv to ʒi in water.

Note.—Warm the phosphorus gently in a stoppered bottle till dissolved, and add to the solution to the alcohol, shake, then add to the glycerine.

Modification of Dover's Powder.

Dr. B. W. Richardson, in the *Asclepiad*, suggests some useful modifications in the preparation of Dover's powder, for use in certain diseases. He recommends the substitution of sodium salicylate for the potash salt, in rheumatic fever; soda bicarbonate, in gout; quinine and its salicylate in infantile remittents; and potass. chlorate in tonsillitis and febrile throat affections. True Dover's powder contains both nitrate and sulphate of potash.

Soil and Atmosphere in Disease.

Thick, sodden clay soils are always pernicious to persons afflicted with rheumatic, neuralgic, or pulmonary diseases, intermittent fevers, and all disorders of the "ague" type, and in such cases little good can be affected by remedial treatment so long as the patient vegetates over ground of this nature. Removal to a dry sandy soil is the first condition of cure. Moreover moist atmospheres favor the developement of obesity, dry atmospheres of leanness; because less evaporation occurs from the tissues in humid atmospheres, and liquid is a main factor in the elaboration of corpulence.

Alcohol as a Hypnotic in Fevers.

Alcohol is principally useful as an inducer of sleep when insomnia is assosiated with extreme bodily exhaustion, such as occurs in advanced stages of the infective fevers. Here the heart is weakened, the pulse is feeble and accelerated, the muscular apparatus is wasted and irritable, and the blood is diminished in volume and tends to accumulate in the venous channels. Under such conditions, there is usually delirium. An ounce of good brandy, with milk and egg—"egg nog",—repeated *pro re nata*, will often remedy this and assure refreshing sleep; the temperature will fall, the tongue will moisten; and the delirium will diminish or depart altogether. These results however, are not always observed, and bromides have to be substituted.

Urethan; a new Hypnotic.

Urethan, or carbonate of ethyl, acts principally upon the brain, without perceptively influencing the excitability of the peripheral sensitive apparatus; hence, it proves ineffective to allay the harassing cough of consumptive patients, neuralgia, and the intense lancinating pains from which persons affected with tabes are so often known to suffer.

starch granule is probably first dissolved by some unknown solvent, and then the granule is dealt with by the diastase.

For Spinal Tenderness.

Torino (of Italy) noticed, in many cases of vomiting of pregnancy, that there were tender spots over the dorsal vertebræ, indicating spinal [illegible] any corrigent. As it easily dissolves in water, sensitive patients may be given a solution of it with the addition of some corrigent.

TALMA (of Pesth) recommends a drink containing a small quantity of hydrochloric acid after each meal in diseases of the stomach. He says it hinders fermentation, and exercises an antiseptic action on the contents of the organ.

Constituents of the Brain.

Copper is one of the natural inorganic constituents of the brain, according to recent researches. Various phosphates, sulphates and chlorides, are also found. The other constituents are organic, and include inosite, cholesterine, hypoxanthine, cerebine, neurine, glycero-phosphoric acid and 90 per cent. of water.

How "Wonderfully" We Are Made!

According to Professor Huxley's table, a full-grown man should weigh 154 pounds, made up thus: Muscles and their appurtenances, 68 pounds; bony skeleton, 24 pounds; integument, 10½ pounds; fat, 28 pounds; brain, 3 pounds; viscera of thorax, 3½ pounds; abdominal viscera, 11 pounds; blood, which would drain the body, 7 pounds. He should consume, per diem, beefsteak, 5,000 grains; bread, 6,000 grains; milk, 7,000 grains; potatoes, 3,000 grains; butter, 600 grains; water 22.900 grains. His heart should beat 75 times per minute; he should breathe 15 times per minute. In 24 hours he would vitiate 1.750 cubic feet of air to the extent of 1 per cent. He would throw of by the skin 18 ounces of water, 400 grains of solid matter, and 400 grains of carbonic acid every 24 hours, the total loss in that period of time amounting to six pounds of water and over 2 pounds of other matter.

"POPULIN", an alkaloid obtained from the bark of the white poplar, or "quaking aspen", is said to act like a charm in painful micutrition and scalding. The dose ranges from two to four grains.

Chloroform in Child-Birth.

Respecting the action of chloroform in child-birth, Dr. J. H. Claiborn, of Virginia, thus summarises:

1. The process of labor in all its stages is facilitated.
2. The duration in all its stages are shortened.
3. The accidents in all its stages are less frequent.
4. The pangs in all its stages may be entirely yet safely obtunded.

Cinnamon in Menorrhagia or Metrorrhagia.

Cinnamon has long been used as a stomach corrective, and as a stimulating adjuvant to the administration of iron and digitalis in chlorosis, anæmia and heart disease. It has also been occasionally employed in uterine hemorrhages; but sufficient attention has not hitherto been paid to its properties, in that direction. Cinnamon contains an essential oil (which sets free a volatile camphor), tannin, or acid, (cinnamonic), coloring matter, and mucilage. Drachm or two-drachm doses of the tincture produce a feeling of well-being and comfort in the stomach and an increase of force in the pulse, without acceleration of the movements of the heart. If this dose be much augmented, the agreeable warmth in the stomach is succeeded by an intense burning, with general nervous excitement, elevation of temperature, rapid pulse, diminution of urine, and, sometimes profuse sweats. In the menorrhagias of chlorotic patients, and the metrorrhagias of lymphatic and debilitated women, cinnamon will often prove curative, when other means have failed, especially in cases of long standing. One or two grains of the powdered cinnamon may be taken every hour in these cases, or a drachm or more of the tincture three times a day.

Treatment of Syphilitic Neuroses.

In many syphilitic nervous diseases, iodide of potassium is equally as efficacious as mercury in the later stages, although it has the disadvantage of being more depressing. Paraplegia from acquired syphilis may often be permanently cured by the iodide alone, if continued until the arrest of the morbid process.

HYPODERMATIC injections of theine, caffeine, guaranine and cocaine have all been found to be antidotal to morphia or opium poisoning.

Sunday School Teacher.—Have you been baptized?

Little Girl.—Yes, ma'am; two times.

S. S. Teacher.—Two times! How could that be?

Little Girl.—Why, it didn't take the first time.

To Darwinists.

There has just been an interesting discovery in Paraguay of a tribe of Indians furnished with tails. One day a number of workmen belonging to Tacura Tuyu were engaged in cutting grass, when their mules were attacked by Guayacuyan Indians and some of them killed. The workmen pursued them and succeeded in capturing a little boy of eight years of age. He was taken to Senor Francisco Goleochoa at Posedas, and it was then discovered that he had a tail ten inches long, and has, in consequence, excited a good deal of interest. The boy says that he has a brother who has a tail as long as his own, and that all the tribe have tails.—*Ensayo Medico*, CARACAS.

BALSAM, tincture, and syrup of tolu, all completely disguise the flavor of carbolic acid.

Hypodermic Morphine vs. Hanging.

F. H. Gerrish advocates the hypodermic administration of morphine instead of hanging as a means of inflicting capital punishment, claiming as advantages for this mode of punishment the following: (1) its certainty; (2) its painlessness: (3) its freedom from the chance of horrible displays; (4) the reduction of the dramatic element to a minimum; (5) its inexpensiveness. — *Boston Med. and Surg. Jour.*, Sept. 17, 1885.

LARGE doses of oxalate of cerium (grs. x to xxx) have been found very beneficial, and quite harmless, in obstinate vomiting in cases where smaller repeated doses were ineffectual.

A PATIENT about to enter a doctor's office, seeing dimly the bronze bust of Æsculapius within, was afraid to go further, and exclaimed in terror, "An' begorra, an' whut does the docthur have that nagur's head there fur?"

THE WORLD for August and November can be supplied. Most of the other numbers are exhausted.

False Albuminuria.

Dr. James Barr (Liverpool) draws attention to the mechanical nature of the transudation of albumen. He believes that, in many cases, the albuminuria depends on excess of pressure within the glomeruli. If a fluid were free to move (of course, there is no fluid perfectly mobile), the driving force applied to this fluid increased the velocity, and diminished the lateral pressure; the latter depending on the statical condition of the fluid. In cases of pyhsiological albuminuria, the central propelling organ is weak; and although the tension in the arteries is usually not very high, yet there is a want of tone in the arteries, and a greater obstruction to the circulation than the weak heart is able to overcome. This want of freedom to the outflow of blood increases the statical pressure, and diminishes the velocity of the blood-flow; so that the pressure within the glomeruli is increased and the velocity diminished. This view readily explains the cyclical motion of the transudation; when the patient is in bed, there is greater freedom to the circulation, and less work for the heart; so that the pressure within the Malpighian tufts is not sufficient to transude albumen. When the patient rises in the morning, the heart has more work to do, both on account of the exertion and of the sudden inrush of fluid to the blood-vessels; and consequently the circulation becomes more sluggish, and the statical condition of the blood increases. In the treatment of these cases, the more attention is paid to the general condition of the patient and the state of the circulation, the better results will be achieved.

There are forms of albuminuria in the otherwise healthy, characterized by the following symptoms: In the early morning the urine is non-albuminous, albumen then appears somewhere about 9, 10, or 11 A. M. After reaching its maximum, it declines, and often entirely disappears before evening, or certainly by bedtime. The period of daily appearance is pretty uniform; some days the amount may be observed to fall and then rise again; also there may be much variation in the amount of albumen observed on different days. This condition may continue for weeks, months, years, unaccompanied by any impairment of health, or by any of the usual constitutional indications of Bright's disease. The presence of albumiuria, though always of grave moment, does not necessarily indicate the existence of disease of the Kidneys.

CAFFEINE contains more nitrogen than any other alkaloid.

At What Age to Marry.

Bachelors under 22 years die less often than married men under that age, but later the case is reversed and married men live much longer than bachelors. Among bachelors, 38 in 1000 are criminals; among married men, 18 in 1000.—*Albany Sunday Press.*

Do not marry under twenty-eight for yourself, nor under twenty-three for your wife; and remember, that the best dower a woman can bring is a sound constitution; it is worth more than *'a fortune'*, while its moral and physical effect on the future health and happiness of the children who may be born cannot be measured by any array of dollars.—*Hall's Journal of Health.*

So take your choice.

Electricity for Neuralgia.

The success of electricity in the treatment of neuralgia is influenced by the direction of the current, the downward current being found to have a more sedative action than the ascending. Exceptions to this rule are nearly always due to faulty arrangements of the apparatus, or errors in the diagnosis. Frequently, for example, pains in the lower limbs are treated for sciatica, which are really originated by commencing scleroses, or even by cerebral affections. — M. ONIMUS (Switzerland).

I CAUGHT two lizards, cut their tails off, and sewed the two tail stumps together; I glued the lizards immovable to the floor, so that the wound would remain quiet. The wound healed, and the two lizards grew together as completely as the Siamese Twins—thus making it possible to unite or combine the talliacotion and transfusion. I think that in certain cases these two operations may be combined with great benefit to humanity. They could be used by growing an animal on to a human subject, or by growing two human beings together.—J. M. WHITE, M. D., in *St. Louis Medical Journal.*

Epidemic Cholera.

The congestion and irritation of the intestinal mucous membrane, and the profuse exhalations from its surface, which are early indicative symptoms of cholera, are due to a paralyzed and deranged condition of the ganglionic nervous system; and this condition is primarily caused by an unknown poison, aided in its production and diffusion by want of cleanliness and sanitary precautions.—Professor PALMER, Michigan.

The Use of Iodol in Surgical Operations.

Dr. Getlano Mazzoni calls attention to a new chemical preparation, called Iodol. The substance is a powder of a yellow or grayish-brown color, nearly odorless and perfectly tasteless, and has an action very similar to that of iodoform.

The observations made upon its effects already exceed two hundred, and the results have been extremely favorable.

The remedy may be used in powder, suspended in glycerine as an ointment, or in dilute solution of alcohol and glycerine, the substance being entirely insoluble in water.

In venereal diseases its effects have been excellent, as also in periadenitis.

In abscesses, in which necrobiosis is extensive, the beneficial effect of iodol is manifested in the disappearance of all odor and the rapid disappearance of swelling and accompanying healthy granulations.

In indolent ulcers a similar beneficial influence was noted.

On the other hand, the remedy is found useless and indeed harmful in gangrene.

Further, it is found to possess the power in a high degree of promoting healthy granulations, as is shown by its use in various forms of lupus aud in chronic fungoid inflammation of the joints. The chemical formula of the preparation is not announced in the article calling attention to its merits.—*Berliner klin. Wochenschrift.* October, 26, 1885. — *Med. News.*

Woman's Rights and Babies' Wrongs.

No stress of weather keeps a certain type of mother within doors when she wants to be abroad. She shoulders her "encumbrance" directly between us and the window in which are displayed fall fashions and Christmas novelties; hushes him with sibilant breath during music "rests" at a popular concert; trots him placidly in the church gallery while he wails dissent of speaker and occasion. You meet her at railway stations, plying the luckless infant as a battering-ram to secure precedence for herself in the solid crowd; in street-cars she is ubiquitous—everywhere imperturbable so long as she has a good place for seeing and hearing. With the circus season she comes out in strength; at industrial exhibitions almost as strenuously. She is always aggressive, usually triumphant; the baby is asleep or vociferously miserable.—*Babyhood.*

Love is blind, but matrimony is a great oculist.

Morphia Habit by Vaginal Injections.

Dr. H. P. Pebbles, of San Gabriel, Cal., reports the following case to the *Medical and Surgical Reporter:*

On October 4th, I was consulted by Mrs. E. J——, a respectable farmer's wife, aged fifty-five, her appearance slightly emaciated but otherwise normal. She informed me that twenty years ago, while suffering from prolapsus uteri, accompanied with ulceration of the os, she used injections of morphine per vaginam, with beneficial effects as regards relief of pain, etc. In time she discovered that she could not discontinue their use without intense suffering from general nervous prostration. Efforts to use the morphine by the stomach proved fruitless. Not only did it fail to give the needed stimulation, but caused nausea. She at present uses about two drachms weekly, making a weak solution, and using an ounce vaginal syringe four to six times daily. Calkin's reports a case where the drug was habitually used per rectum, but I believe this to be the first case on record where morphine was indulged in with a vaginal syringe.

Prof. C. F. Chandler's analysis of Mrs. Allen's, Hall's and Ayer's "hair restorer" preparations, reveals that lead is constituent of all of them. It is also the main reliance of most of the cosmetic pastes and solutions. Those contemplating the enhancing of personal beauty by hair dyes or "blooms of youth" should ponder, as did Hamlet, whether it is better to bear the ills they have or fly to others they know not of. The paralysis of useful members and inward gripes due to lead poisoning are less to be desired than gray hair and wrinkled mien.—*Ex.*

A Few Things in Water.

But if from man's vile arts I flee,
And drink pure water from the lea,
I gulp down infusoriæ,
And quarts of raw bacteriæ,
And hideous rotatoriæ,
And wriggling polygastricæ,
And slimy diatomaceæ,
And hard-shelled ophryocercinæ,
And double-barrelled kolpodæ,
Non-loricated amœbæ,
And various animalculæ,
Of middle, high and low degree,
For nature just beats all creation
In multiplied adulteration.

—*American Druggist.*

According to the researches of M. Spillman (of Paris), pemphigus is due to the presence of a microbe.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

CERTAINLY it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Quinia by Inunction.

Editor MEDICAL WORLD:

Dr. Moore's article on this subject is from my experience worthy of a very universal trial, especially in infants, whose stomachs will not tolerate quinine. For a number of years I have used it by inunction, chiefly across the abdomen, including particularly the splenic region, using a drachm of quinine to an ounce of glycerine, with a few drops of tincture of capsicum, to slightly irritate the skin. Use it, say, every three hours, with free rubbing, and cover the entire abdomen with oiled silk slightly warmed. I now treat *all* my infantile cases in this way. If nursing children, to insure quick results I give the mothers five drops of Fowler's solution after each meal. I am one of those who believe that arsenic is freely excreted through the lacteal fluid. Mercurials and iodide of potassa are so given to syphilitic infants. I adopted this plan in this then *very* malarious district many years ago. Some of my society friends then laughed at me for my enthusiasm in that direction. I think we have too much ignored the absorbing power of the skin. In all my cases of cholera infantum and marasmus I use the quinia thrice daily as above stated. It is far ahead of the cumbersome cinchona bark jacket, and will be found a powerful auxiliary in its tonic effect in the two last named diseases.

RAHWAY, New Jersey. ELIHU B. SILVERS.

Quinia by Inunction.

Editor MEDICAL WORLD:

In the November number of your journal, my attention was called to "Quinia by Inunction", by Wm. W. Moore, M. D. The doctor reports favorably on the limited use he has made of the medicine administered after this method, and thinks, it would answer well in a large number of cases, in which any difficulty should arise to prevent its being given in the usual manner. Like Dr. Moore, necessity drove me to the use of quinia by inunction. I have been using it in this way for twelve years, and might report at least a hundred cases in which the success was most satisfactory. Many of these might not have been saved had the usual method alone been depended upon. In many of my cases, calomel was used with the quinia. This mode is especially suitable in treating infants, for the certainty of introducing the quinia into the system within a given time; also in congestive fevers as an aid to the internal treatment, to prevent, with greater certainty, an expected chill, it may be rubbed in at night and in the morning, with or without calomel, *pro re nata*.

This method of administering so objectionable a medicine to the taste as quinia, is now extensively used throughout eastern Virginia, giving pretty good satisfaction, and is so very reliable that it should be used in *all* extreme cases. Lard is the best substance in which to incorporate the quinia.

BACON'S CASTLE, VA. R. W. I. ANSON.

A Case of Aconite Poisoning.

Editor MEDICAL WORLD:

Mrs L., aged 17, took by mistake about 1½ drachms of tinct. aconite radicis, and after discovering the mistake I was called in. I entered the room probably 45 minutes after she had taken the dose. I found her on the verge of a convulsion. I at once administered the following:

℞ Ammon. carb ..... ʒ ij
Aquæ ..... f ʒ ij
M.

This was followed in ten minutes by two ounces of whisky, and the whisky was repeated every 15 minutes, until six ounces were taken.

When I first entered the room she was complaining of severe burning in the mouth, throat and stomach, dizziness, faintness, a tingling sensation all over the body, and spasmodic twitching of all the muscles; pulse 100. A perceptible change could be noticed after the ammonia was administered, and a remarkable change after she took the whisky, and the entire toxical effect passed away in about two hours. As near as I can get at it, she took at least 1½ ʒ of the tincture, U. S. P., and I can attribute her recovery only to the administration of the stimulants, and the fact that her stomach had revolted and with the two ounces of fluid she ejected there must have been some of the aconite.

For the burning in the stomach I ordered one pint of sweet milk, which effected immediate relief.

REYNOLDSVILLE, Pa. A. H. HEICHHOLD.

Enlarged Head.

Editor MEDICAL WORLD:

I am delighted in the pleasure of reaping knowledge through the medium of your most excellent journal.

If it is not an intrusion, I have a case in charge which I wish to report and ask the views and opinions of the brethren upon it.

Case.—A male child now about eighteen months old had, when about six weeks old, noticeable enlargement of the head, which continues to grow, and now at the last measurement the dimensions are: Occipito-frontal circumference twenty-five inches; the vertical from auditory meatus to meatus sixteen and one-half inches. Great uniformity has prevailed until recently the left hemisphere predominates. The most remarkable feature in the case is that there has been so little deterioration in the child's health. It has always appeared well and thriving, except when teething it had looseness of the bowels, but not severe enough to require medical treatment. It is playful and seems as intelligent as other children of its age. It can sit alone, and I believe would walk if it had been trained. In a word, its physical and mental qualities have always een like other children, except its enormous ead. The parents are healthy, no hereditary disease of any kind from either could be ascertained. Several other children have been born to them, all living and well except a little boy, next before the one under consideration, who died of cholera infantum. So much for the history of the case. Now let us have the solution. If it is agreeable with the kind editor, I shall be pleased to report again on this case. I omit diagnosis and treatment this time, hoping to hear from the brethren on the subject.

J. F. GARDNER, M.D.

BLOOMERY, W. Va.

[Would be much pleased to hear further of this interesting case.—ED.]

Protrusion of Bowel.

Editor MEDICAL WORLD:

Please allow me space in your valuable journal to ask for cause and treatment of the following case now under my care: Girl, aged 3 years; at stool the bowel protrudes from one inch to one inch and a half, with little or no pain. It is very easily reduced, bowels always regular and feces soft. Have not known of any constipation during life. She has been troubled for two years in this way. The membrane looks natural; no pile tumors. I have tried astringents and ointments, with tonics etc. The child's health is extremely good; she is robust and hearty. I would like to know why the bowel protrudes. I am confident that a great many readers will say piles, but I say that there are no broken veins nor tumors; the mucous membrane is healthy as far as I can judge. She has not had any sickness except pneumonia. She is also troubled with incontinence of urine; urine seems normal, but reaction is alkaline. Appetite good. I would like to hear from some of the profession upon this case.

J. B. ROBINSON, M. D.

HALF ROCK, Mo.

Treatment of Cancer.

Editor MEDICAL WORLD:

Dr. I. F. Blount, in Quiz Column, October number, asks for a plaster that will cure cancer. Having made the treatment of cancer a specialty in my practice for several years, I would say to the doctor that there is no specific. In order to prescribe for a cancer we must know what kind of a cancer we have to treat, as the doctor is well aware that there are many varieties and a ℞ that would be successful in one would fail in another. In superficial cancers I use escharotics very successfully; if of the scirrhus order, originating deep in the tissues, I use caustic—the most powerful I can get; if soft medullary or colloid, I use the chlorides; but in the course of the treatment we must be governed by the indications and apply the proper means to meet the indications as they come up.

A. H. WILSON, M.D.

LAMPASAS, Texas.

[Why not use the knife instead of caustics in "scirrhus originating deep in the tissues?" What "chlorides" do you use, and how, in medullary cancer? Please give more details of your treatment.—ED.]

A Strange Case.

Editor MEDICAL WORLD:

On the morning of March 4th I was called to see a negro boy, about eighteen years old, who was noted for his size and strength and had never been sick in his life. He ate his supper the night before feeling as well as usual and rested well all night, but when called to get up the next morning he could not move hand or foot—was completely paralyzed, even to his fingers. His throat and joints were very much swollen, but redness, heat and pain were absent. No tenderness about the spine. He said he felt as well as he ever did in his life; appetite and digestion were good, and bowels moved regularly every day. I attributed the trouble to

cold, producing a change in the blood, and put him on an alkaline course of treatment and relieved him in three or four days. What was so strange about it is that every one of the family (nine or ten) had the same disease, and no others in neighborhood had it. Now, the question with me is, was I right in my diagnosis? If not, what was it? I hope that some of the brethren in the profession will give their views on the matter.

E. A. COOK, M.D.

KIRK'S GROVE, Ala.

[It is hardly probably that such a peculiar kind of a "cold" would run through a family. Is it certain that the "alkaline course of treatment relieved" the boy? What were the indications for alkaline treatment? and would the boy not have recovered just about the same without alkaline treatment? It is certainly a peculiar case, and defies almost any explanation. It seems more probable that it was a peculiar kind of poison that reached the system in some way. Aconite is a peripheral paralyzer. —ED.]

Hints from Arkansas.

Editor MEDICAL WORLD:

Seeing a great deal in regard to the prevalence of typhoid and malarial fevers in other localities, I will attempt to give you a few hints from Arkansas. The weather has apparently been favorable to the development of malarial fevers, and an increased prevalence is quite generally reported. While perhaps rather more cases of intermittent fevers, that is, acute tertian ague, have been seen this season than for several years in the districts where malaria has been prevalent for some time, yet the prevalent type generally is the typho-malarial and the less clearly defined varieties of malarial diseases.

Typhoid fever, although steadily increasing in frequency, does not appear to so completely drive out malaria as malaria appeared to drive out typhoid fever when it first commenced to extend over the State, so that for years not a case of typhoid fever occurred over large areas, and it lost place among the ten principal causes of death throughout the State.

That the decreased frequency of typhoid was entirely independent of malarial invasion now is quite clear. The return of typhoid is also not dependent upon the decrease of malarial diseases, as we see it side by side with all varieties of ague, not only where the latter has longest remained as one of the regular diseases of the region, but also where malarial diseases are entering territory hitherto never occupied, so far as human knowledge can determine, by any form of ague; and also where having existed quietly for several years, malarial diseases become epidemic, leaving but a small percentage of the people unaffected. The subject is too complicated to discuss here, but the increased frequency of both malarial diseases and typhoid fever are interesting features.

C. NEWTON, M.D.

NOLTON, Arkansas.

Black Mustard Seed in Tardy Menstruation.

Editor MEDICAL WORLD:

The remedy suggested in the November WORLD by Dr. Divelbiss in the treatment of gastralgia is worthy of consideration, and I hasten to give an item of experience with this obscure, if not unscientific remedy. Black mustard seed (unground), in desert spoonful doses, taken in milk at bed time, has been a favorite prescription of mine for the last fifteen years for tardy appearing or suppressed menstruation in young girls, other conditions being favorable except nature's apparent inability to unlock the "hidden casket." The use of the remedy, as suggested, for a few nights, the much desired show will appear. I could give a number of cases where persistent efforts, until mustard was used, had disappointed the physician and anxious mothers.

J. L. POWERS, M. D.

REINBECK, Iowa.

Treatment of Tonsillitis.

Editor MEDICAL WORLD:

In answer to request for treatments of acute tonsillitis, I will give mine. I know of nothin the whole range of my professional experience that has given me more satisfaction than the application of the following treatment for that disease.

My cases, with few exceptions, have been in children from four to twelve years of age. The attack is sudden; high temperature—102° to 104½°; rapid pulse—125 to 180 per minute; delirium in some cases, intense headache, twitching of the muscles, and much swelling and hyperæmia of the tonsils and adjacent parts. I treat such cases by giving from fifteen to thirty drops of ammoniated tincture of guiac every four hours, and from one-fourth to one drop of tincture of aconite root every hour until the pulse and temperature are lowered, which usually occurs in from five to eight hours. Also, apply a linseed meal poultice externally, and have the child, if old enough, to gargle the throat with a solution of chlorate of potassium. By this treatment I

have not only amelioration of the symptoms, but almost complete relief in six to twelve hours. This treatment has given me such satisfaction that I have had little inclination to adopt any other. I believe guiac to be as much a specific for acute tonsillitis as quinine is for intermitten fever. For chronic hypertrophy of the tonsils, take a pencil of caustic potash, whittle it down to a point, cover it with paper up to about a quarter of an inch of the point, and place it upon the centre of the tonsil and keep it firmly pressed there for three or four seconds. Then withdraw it and gargle the mouth with vinegar. Repeat the operation twice or thrice a week, placing the pencil always in the same depression. With this treatment you can remove the largest tonsils in less than a month. Eradicate one at a time.

R. K. MEDARIS, M. D.

CLINTON, Tenn.

Nitro-Glycerine.

Editor MEDICAL WORLD:

The first notice of nitro glycerine, afterwards called glonoin, was given by Sobrero, of Paris, February, 1847. Dr. C. Hering, a homœopathic physician, had a small quantity of it prepared by a Philadelphia chemist in December 1847. Dr. Colly, of Concord, N. H., gave it June 17, 1856. Dr. John Fox prescribed it in coup de soleil. See *Philadelphia Journal of Homœopathy*, vol. III, page 356. In 1863 I gave it to a patient suffering with a throbbing headache. I saturated a few small homœopathic globules with it and ordered one given every two hours. My patient grew worse after taking the first pill, and another physician was called in my absence. He told the patient that he would show him the fallacy of homœopathy, and took six of the pills at once. In a few minutes he was suffering with most excruciating pain in his head and palpitation of the heart.

W. G. BLAISDELL, M. D.

MACOMB, Ill.

Ergot in Pneumonia, Etc.

Editor MEDICAL WORLD:

I have made the acquaintance of your excellent journal through the kindness of a professional colleague who recently came to this neighborhood from the United States, and am exceedingly well pleased with it; so much so that I intend to become a regular subscriber from January 1st next. Please allow me to say a few words about the treatment of pneumonia by ergot, as recommended in your pages by Dr. Epen and others. I have used ergot in the treatment of pneumonia for many years, in combination with aconite, and when required, tarrate of antimony and potassæ, and can conscienciously vouch for its efficacy as it has never deceived me. But it is not only in pneumonia that I would recommend the use of this highly valuable remedy, but in all analogous diseases that are marked by violent local inflammation; above all others, in acute rheumatism and orchitis. Especially in the latter, I consider it as near a specific as quinia is in malaria, and I have for five or six years never failed to cut the disease short in four or five days by its use. To be effective, it must be used in large doses (10 or 12 grs.) repeated twice or three times daily.

I am preparing a series of papers on several medicinal plants of Northern Mexico, which possibly might be of interest to some of your readers, but will at this place only occupy your space and time by saying a few words confirming the statement of Dr. L. Emmelheinz, of New Mexico, in regard to the usefulness of *ephodra anti-syphilita* in gonorrhœa and leucorrhœa. I have used it for several years, and while I would not go so far as to regard it as an infallible specific in these diseases. I consider it as highly useful, and can affirm that it frequently cuts short the disease without any further treatment. I do not think, as Dr. Emmelheinz does, that its virtues are owing to a terebinthinate, but to a peculiar effect which it has over the mucous membranes, owing to a proximate principle which has not yet been defined. I think, from analogy, that it would also prove highly useful in diseases of other mucous membranes.

ENRIQUE DE VERSEN.

JUAREN, Mexico.

For Croup.

Editor MEDICAL WORLD:

The following is an excellent remedy for croup. I think in most cases it is all that is needed.

℞	Oil of stillingia	ʒ j
	Oil of cajuput	ʒ j
	Oil of lobelia	ʒ j
	Oil of lavender	ʒ ss
	Oil of cinnamon	drops x
	Alcohol	ʒ j

M. Sig.—Rub on the throat as soon as croupal cough begins; if bad, give internally one or two drops on a lump of sugar every hour or two.

O. T. PRATT, M. D.

TAYLORSVILLE, Ill.

"Strongles."

Editor MEDICAL WORLD:

I think a great deal of THE WORLD and would not like to be without it.

I would like to hear from some one who has had experience in the treatment of "strongles," as I have a case on hand, a girl nine years old who has pased a number of them in voiding urine—some forty or more, after the exhibition of turpentine, but they never seem to let off, as now and then they make their appearance again, causing obstructions to the secretion of urine, and also in voiding same. As I have not had any experience with the parasite before, I would like to hear something about the malady.

B. J. FEHRENKAMP.

FRELSBURG, Texas.

Quacks, Etc.

Editor MEDICAL WORLD:

I have read THE WORLD carefully for eleven months and am much *pleased* and considerably instructed by its contents.

The profession seems unable to agree on the definition of a *quack*. My idea of the essential elements of a quack doctor is a person who *lies* deliberately concerning his knowledge, his success, his treatment and his professional brethren. His lies may be coarse, rough and unrefined as the powdered herbs and animals of the Indian, or as refined, polished and sugar-coated as the finest pills and pellets of the most refined modern pharmacists. Hence we have quacks who know literally nothing of medicine, and veritable giants in knowledge.

The great variety of opinion and practice found in THE WORLD shows that many methods are equally good. And while so much is uncertain in medicine, we ought to treat all *honest* men with respect and reserve our denunciations for the dishonest.

I notice that several gentlemen have written of pet remedies in simple cases and claim great results. I think that many of these simple cases never would have been worse if they had not given any medicine at all. If every practitioner would keep notes of a dozen cases of tonsillitis, for instance, and treat them with his pet remedies, and then keep notes of another dozen and give simply placebos, we would soon find out how much some of our vaunted remedies are worth. Or treat every other case in this way and keep careful notes and compare the results. But most of us get in a routine in treating all these simple diseases, and because they all get well soon, we imagine our gargles, etc. prevent suppuration or hypertrophy, whereas quinsy is seldom aborted by any means we may employ.

"Druggist" wants a remedy for insomnia. Here is the best one known. Go to the pine woods and chop saw logs to the extent of fatiguing the muscles pretty thoroughly, but not to exhaustion, and he will sleep after a day or two, on a bed of pine boughs in a camp. "Throw physique to the dogs", especially hypnotics.

Cancer Paste. — Arsenious acid one part, gum acacia, powdered, two parts; mix and apply to the cancer for a day or two, then poultice and repeat the paste if any hard tissue remain after the slough falls off. I removed an epithelioma in this way from the lower lip of a man nearly two years ago and it has not returned.

Geo. F. Waters: "Nervous adjustment cure" is new to me. I should like a more definite account of the methods and whether there is any reliable work on the subject.

L. W. MEESGROVE, M. D.

CARLETON, ST. JOHN, New Brunswick.

Case for Treatment.

Editor MEDICAL WORLD:

I have a case on hand and would like to ask for diagnosis, cause and treatment. A young lady came under my care about a year since who has chronic nasal catarrh (of five years standing, so she says). She is extremely nervous and eats and sleeps but little. I have been using the usual remedies for catarah, and for the nervous symptoms I have been using for four or five weeks the following:

℞	Quinia sulph.....	gr. 2
	Ext. tannabis Ind.....	gr. ⅓
	Iron by hydrogen.....	gr. 1

Twice daily

I find under the use of this she sleeps much better, and there is some improvement in appetite. About three weeks since she noticed an eruption, much like urticaria, sent for me and I gave her the usual remedies for that affection, and expected it to disappear in a few days. Sent me word in a few days that it was no better, and it still resists every remedy that I have tried. Now will some one tell me what it is? Is it probable that it was caused by the quinine? I discontinued the quinine and find it still persists. What line of treatment should I follow.

I would suggest to Dr. McKee to try "elec-

tric insoles" for cold feet, and I think he will find much comfort from their use.

I am glad to hear you are going to get a binder for the WORLD. The very thing we need to preserve them well.

H. M. ROGERS, M. D.

MT. CRAWFORD, Va.

Revaccination.

Editor MEDICAL WORLD:

"Does it ever run out if properly done?" is a question often put to the doctor who comes with quill, point or scab to vaccinate his patient. The answer is generally original with the more or less "stumped" M. D. I only know that it is worth while to try every few years at least. I was revaccinated at 19 years of age and at 25 had a light case of varioloid, my attendant taking it from me, and I in turn attending him at an eruptive hospital. A few days since I revaccinated my mother, wife and child; the first had been vaccinated 50 years before, the second 30, and the third 3 years. The first two have to all appearances perfect "takes" with every characteristic of a pure Jennerian vesicle, while the last had no sign of taking. Now is it not reasonable to suppose that these people would have contracted small-pox if exposed to it previous to the last vaccination? If once in a lifetime will protect one person, while another, like my case, is not proof against the dread scourge even by two operations (supposing the inoculation to have been thorough), why is not idiosyncrasy to be considered, and occasional trials (the only way of proving the theory) made?

Let one, or, all arise to explain.

Respectfully submitted,

THOMASVILLE, GA. VAL. RILEY, M.D.

The Treatment of Insomnia.

Editor MEDICAL WORLD:

In order to treat insomnia successfully, due regard must be paid to those conditions that produce it. In a large majority of cases there is a hyperæmia of the brain. Strong tea, coffee and alcohol tend to increase cerebral vascularity and thus prevent sleep. Active mental exertion, and especially anxiety, also oftentimes cause insomnia, not only by rendering the brain too vascular, but in consequence of the mind being deeply in thought.

Various diseases aside from purely brain affections, as cardiac hypertrophy, chronic nephritis and the zymotic diseases prevent that relative anæmia of the brain necessary to sleep.

Insomnia is also produced by an opposite condition of the brain from that just noticed. Here the cerebral cells do not receive a sufficiency of blood. A weak heart, hemorrhage and long continued mental work carried to the extent of brain exhaustion produce this state.

Having discovered the cause of the insomnia it should be removed if possible. If caused by drinks, then diminish, or stop using them. If occasioned by too much business, study or pleasure, lessen it to a healthful limit. Be explicit on these points, for the larger number of our patients troubled with chronic psychic insomnia will insist on pursuing their usual vocations. They are willing to take drugs, but unwilling to give up their ordinary mode of living. Be sure they do not violate the laws of hygiene. But right living will not always ensure good sleep. When there is an excess of blood in the brain from almost any cause, chloral and the bromides exert a happy effect; producing, as a rule, sound refreshing sleep. The dose should be 15 to 20 grains of chloral and 20 to 30 grains of bromide in an ounce of syrup. Syrup is preferable to water as a vehicle, as it is not absorbed so readily, and consequently the narcotic effects are more permanent. When the brain is anæmic, tonics and stimulants are indicated. Digitalis or ergot is often needed to give tone to the heart, while iron, cod-liver oil, arsenic and strychnia are valuable tonics.

In all forms of insomnia there are many minor points worthy of attention. The patient should have a fixed hour for retiring, which had better be early in the evening. Excitement should be avoided. Many in our crowded cities need physical exercise in the open air. Direct them to stroll in the country; to scale our mountains; to fish in our streams, and to engage in rural sports and labors. I am of the opinion that this is the remedy that "Druggist," in the November number of THE WORLD needs.

Various popular expedients have been resorted to for the purpose of changing the current of one's thoughts, such as counting, repeating the letters of the alphabet, etc. This is sometimes of use for a short time, but the mental effort required to keep it up soon operates as a cause of wakefulness. The application of a cold compress to the nape of the neck, the sousing of the head in cold water, the thorough airing of the bed, a few moments active manual labor as sawing wood, are remedial measures not to be ignored.

GILSUM, N. H. J. A. LOVELAND.

DR. W. P. JOSE, M.D., of Hallsville, Texas, writes: "I am well pleased with THE WORLD. I find it of more value to me than all the other journals I take."

Treatment of Diptheria.

Edior MEDICAL WORLD :

After years of experience in the practice of medicine, and many trials in the treatment of diptheria, I take this opportunity to state the method which I have adopted for its cure, and which I find more successful than any other plan. As an internal remedy, I now use cyanide of mercury, third decimal trituration, a small powder, say about one grain, every two hours. Remedies used locally are as follows: The throat is sprayed with peroxide of hydrogen; this is a preparation that is unirritating, harmless and not unpleasant. Chemically, it is $H^2 O^2$, or, oxygenized water; that is, water charged with an excess of oxygen, which is ozone, and the definition of ozone is, oxygen in its most intensified and active state. Peroxide of hydrogen is an antiseptic, and a most potent germ-destroyer, and, although unirritating, it is ranked as an antiseptic superior to corrosive sublimate. It is a most efficient and rapidly destructive agent, acting more powerfully upon putrefying matter than anything else we possess, and, while destroying the vitality of bacteriæ, it coagulates the diptheritic membrane, so that the child will *readily and easily cast it off*. I have italicised this, because, as result, it is of the greatest importance to get rid of this poisonous product *as fast as it forms*. After spraying the throat (and this requires mechanical skill in the physican, and no little tact), I then touch the throat with a mixture of equal parts of balsam of Peru, turpentine, and alcohol. This is applied by taking a piece of borated cotton, rolling it into a ball, and placing it into the jaws of a small dressing forceps which has a clamp, or catch to it, and then dipping this into the mixture, and quickly but thoroughly penciling the throat with it, so as to remove any membrane that may be left, and varnishing the throat with the medicament. During the day I direct the child shall be induced to gargle the throat often with the peroxide. Children over four years of age may be coaxed to do it. Besides this, if desirable, a second gargle may be used; place a little sulphur in very warm water, and let the child use this sometimes instead of the peroxide. For some years past we have used sulphur by insufflating it into the throat; it certainly possesses some virtue, but it is by no means so potent as the peroxide of hydrogen. As diet, give the child milk and lime water, or in some cases if it can be had, peptonized milk, or milk punch. In diptheria it is rational (and the result of the same has proved a success), to give alcohol in some form as an adjunct. "Alcohol is a nerve-stimulant, and as such may be employed in febrile and septic conditions—not to give strength, but to *call it forth*; so that it might be advantageously resorted to where there is a lack of energy in the system which wants to be roused up,"* and in this manner the practitioner may cautiously avail himself of it, especially in diptheria, as also in malignant scarlet fever. It is a physiological fact that alcohol counteracts the depressing effects of the diptheritic poison, which tends to produce a paralyzing action upon the heart. By the use of the cyanide of mercury internally, with the local applications above named, a nutritious and stimulating diet, pure air in the sick room, carefully disinfecting the septic secretions, avoiding the use of handerchiefs or towels, but instead, using pieces of old muslin to wipe the nose or mouth, and burning them immediately, in order not to spread the infection, will fulfill about all that can be done in this most formidable disease. The practitioner must be aware that the great danger in this infectious disease is the development of a peculiar morbid, necrotic, or lethal process, which attacks the heart; and this is made manifest by symptoms showing exhaustion of the vital energy, and it is often announced by the setting in of symptoms of paresis, or paralysis of the voluntary muscles of speech. In such cases recovery may and does take place, even after paralysis sets in, but the prognosis of all such cases is certainly grave. Such remedies as digitalis, chinin, arsenic or strychnine may be required in small doses, to combat such complications or sequelæ. In spraying the throat the nasal cavities should also be sprayed, because in diptheria the diseased process usually extends to the nasal cavities, and it is quite as necessary to attend to this locality as to the throat itself; in bad cases, it is our custom to instruct the mother to inject the nasal cavities every hour or two with the peroxide, and this may easily be accomplished by simply using an ordinary medicine-dropper, which is to be filled with the solution named, and sent up into the nostrils. The injecting of this into the nose is not more irritating to the child than using so much water for the same purpose. In extreme cases we have resorted to rectal alimentation, especially when paralytic symptoms set in, and where the dysphagia was marked. We then use peptonized milk, which seems to be more readily taken up, and perhaps more directly absorbed in the rectum than anything else we know of; this adds some little nourishment to the system, a desideratum very much required to sustain life. Such proceedings are

*The MEDICAL WORLD, November, 1885, p. 361.

to be regarded as simply valuable adjuncts, which the skillful physician must resort to where he is so limited in his therapeutical measures.

Certain other remedies, such as aconite, belladonna, kali chlor., kali bichrom., spongia, bromine, and last, but not least, turpentine, may all be required as called for by the peculiarities, or individualities of the case.

The experience of others warrants me in mentioning turpentine, as an internal remedy in some desperate cases; as a stimulant to the vaso-motor nervous system, turpentine is one of our best and most reliable remedies. The indications for its use are: When the action of the heart is feeble, arterial tension low, and peripheral circulation languid. In such cases of diptheria, when everything else has be tried, turpentine may be required; and we know of two cases where turpentine in doses of from two to ten drops every two hours, saved the children. Black coffee, in extreme weakness of the heart, should also be tried.

T. GRISWOLD COMSTOCK, A.M., M.D.
ST. LOUIS.

[No broad-minded and sensible physician will be in the least disturbed by the seemingly homeopathic expressions in the above article. It is possible for a physician of the regular faith to be narrow and illiberal. We must remember that regular medicine is as broad as truth; and that we must be broad to be regular, in the highest sense of that term.—ED.]

DR. J. L. DORSET, of Dorset, Va., reports the case of a hydrocephalic child, eight months old, the head measuring twenty-seven inches in circumference. He thinks that the cranium contains at least a half gallon of water, and that the head weighs as much or more than the remainder of the body.

Important Factor in Face Presentations.

EDITOR MEDICAL WORLD:

Face presentations are not common, and yet every practitioner, actively engaged in his profession must occasionally meet them. Some medical authorities hold that face presentations are cases of unnatural labor and usually demand prompt interference, while others assert that they are cases of natural and easy labor and require no assistance.

It is asserted by writers on obstetrics that all face presentations take place with no greater difficulty than in an ordinary cranial position, and that they indicate a strong analogy which exists between them and the ordinary positions of the cranium. My experience compels me to differ from them entirely, and I hold that a face presentation is much more difficult and much more dangerous than an ordinary cranial position, and that there is no more analogy between a face and vertex presentation, either in mechanism or in any other respect, than there is between a trunk presentation and an ordinary cranial position.

I feel confident that some of my professional brethern in reading this article will sustain me in my bold assertion, in as much as I shall report a case which lately came under my personal observation fully demonstrating to me a principle based upon the application of a force of resistance to accomplish anterior rotation.

A few weeks ago I was summoned to a woman who had been in difficult labor for twenty-four hours. The patient was a powerful woman of uncommon strength and muscular development, possessing also a capacious pelvis. The midwife in attendance was exceedingly apprehensive as to the result. Upon examination I found the child offering by its face, the chin directed to the left ischiatic plane. It was a fair typical case of face presentation. As the woman had been in labor for twenty-four hours, I concluded to apply the forceps, but after several unsuccessful efforts I abandoned the attempt, as I could not secure the parallel line between the blades so as to accomplish the locking of the branches safely. The woman's condition was yet good, and the case appeared most favorable. I decided therefore to wait and give nature a longer trial. Twelve hours later I found the face precisely where I left it, the chin had descended perhaps an inch along the plane of the ischum, but not a particle had it advanced toward the pubis; and this in spite of the most tremendous uterine and voluntary efforts, frequently repeated. The woman was becoming rapidly maniacal as a result of her immense, but absolutely futile struggles. Again I applied the forceps, and again met with the same difficulty, and again abandoned the attempt.

The question now arose in my mind, why does the chin not come to the symphisis pubis and the labor terminate spontaneously? The pelvis is of ample size, face fairly presenting, forces are immense, and yet nature has failed after thirty-six hours of violent labor to accomplish delivery.

Suddenly and without warning the illumination of this problem came to me, and with the most perfect faith I followed the leading which the new light revealed to me. The revelation was this: the child's chin does not come to the front because it can descend only an inch and a half into the pelvic cavity; if it could but reach the floor of the pelvis,

then it would at once have impressed upon it a powerful force of resistance, in consequence of the immense parturient efforts, and anterior rotation would be speedily accomplished. But it cannot reach the pelvis floor to secure this essential point in order to accomplish rotation, and again the question arose in my mind, why not then apply a force of resistance, and thus artificially furnish the essential point.

I determined to apply a blade of the forceps on the posterior cheek. It was not my intention in doing so to attempt to force a rotation of the chin. I merely held the blade firmly against the side of the face in order to ascertain whether my reasoning was correct.

To my great astonishment, this face, which had been so immovable for thirty-six hours, not slowly, not after the lapse of some minutes, but almost instantly responded, the chin sweeping across the plane of the ischium, slipped under the arch of the pubis, and in less than five minutes the youngster was born, much to my relief and joy to his mother.

Some of my professional brethern may argue that face presentations do terminate usually spontaneously by anterior rotation of the chin. I admit this as true, gentlemen, but many hours of delay are not devoid of grave peril both to mother and child. During the whole of the second stage of labor in a face presentation, the anterior part of the child's neck is exposed to more or less pressure, and if this pressure be prolonged, cerebral congestion, or even cerebral effusion may be the result, and convulsions or death the ultimatum.

I do not claim this principal of forced resistance to be a theory discovered by myself, but I have failed as yet to discover it in any of the latest test books on obstetrics, and, as "a blind hen will sometimes find a kernel," I am willing to be looked upon as such by my professional brethern.

WM. H. OLSTEN, M.D.
EPHRAIM CITY, Utah.

———o———

THE woman who requested her doctor to bring his uretha with him, is now equalled by her sister who asked *her* doctor to bring his cathedral. The catheter seems to puzzle the ladies.—*Medical World*, Nov. No.

With the above ought to be recorded the following: A patient of mine told me on my first visit that the retiring doctor (a quack by the way) had told her that her trouble was "a false *deception*". Two months later I delivered her of a fine healthy boy weighing thirteen pounds.

WASHINGTON, Conn. W. J. F.

———o———

DR. F. G. HACKLEMAN, of Rushville, Ind., writes: "I am completely carried away with your ournal. It is *the* journal of the times."

Replies.

Editor MEDICAL WORLD:

Dr. L. R. Heath, in regard to *Western* North Carolina, as a safe retreat for patients with phthisis pulmonalis, I would say it is too cold. The elevated altitude and porous soil of Marietta, Georgia (1132 feet above the ocean), has already proven this to be a superior locality for invalids, especially consumptives. I have noticed many coming to Marietta, and improving rapidly the first winter. The air is dry and very healthful, and the water unsurpassed. In regard to Annie L. Alexander's case of phosphatic deposit in the lungs, it is not so rare as she seems to think. I have had several cases. When the elimination of the phosphates or phosphites are rapid, if the kidneys fail to throw off this form of waste, then it may settle somewhere in the tissues as well as in the kidneys or bladder, in a concrete form.

In answer to R. C. Ambler, of New Albion, Iowa, with regard to what constitutes a quack, I would say that a quack is a *conceited, prejudiced, bigoted,* ignoramus, who thinks that his little *ism* contains all the medical lore of ages. In regard to his anæmia, resulting from long exposure to malaria, he will find the spleen at fault, and if he will give ceanothus to correct its enlargement and consequent imperfect functional action, then give helonias dioica and some good preparation of iron, and ptelia and euonymus atropurpurus as a tonic, he will see his patient soon restored.

In regard to "professional handles," the title *physician* will be all that will be applied to medical men, whenever the self-conceited bigots in the various *isms* lay down all prejudice, and become willing to learn the truth in medical science from all sources; and not until then will they be done away; names are not all—there are differences.

Dr. F. G. Runyon's case, with remittent fever, accompanied with "brick-dust" expectoration, with severe pain through the chest, was a case of complicated remittent or malarious fever. It was a case of congestion of the lung with malarious fever. I have treated many cases in Georgia like it. I have had cases with severe hemorrhage of the lungs at each return of the fever, instead of the brick-dust sputa, or pneumoniac inflammation.

Dr. A. Jackson Henry asks for treatment for acute tonsilitis. Give aconite in doses of one drop every two hours, and add three drops to one ounce of water, and spray the tonsils with it three times a day. In chronic cases, give Lugol's solution in doses of three drops to children and five drops to adults, three times a

day. If this fail, give the carb. of barium (see the author's Practice).

Cold in the head (acute) is relieved frequently by the inhalation of subadilla, second decimal dilution.

MARIETTA, Ga. I. J. M. GOSS, A.M. M.D.

Milk in Typhoid Fever.

Editor MEDICAL WORLD:

In November WORLD, page 359, occurs the following: "Sir William Jenner says that the indiscriminate use of milk as an article of diet in typhoid fever often leads to serious trouble." This has been my theory and practice for the last ten years. In all cases or diseases, such as pneumonia, scarlet fever, diphtheria, typhoid fever, or any other inflammatory or febrile disease, where the temperature is 102° or above, milk should not be used at all, and if used, it will increase the temperature and impair the digestion of other food. It is a well known law that when milk is used in a healthy stomach, its casein passes into a solid state before digestion can take place, forming a foreign body in the stomach, especially when used in high temperature. In cholera infantum, when the child is still nursing, in all my cases I withhold them from the breast, on account that it increases the temperature and impairs digestion, and there is no food or nourishment in it, because it cannot be digested and assimilated. I can see a material difference in my practice since I withhold milk in high temperature. I know a large majority of the profession is against me, but it is for the want of proper investigation and observation.

A few summers ago I had a severe case of cholera infantum. I ordered breast milk as well as all other milk withheld. My neighbor had a case of cholera infantum at the same time, he said: "Oh yes, let it nurse as it is nature's food." My case recovered, and his case died, and I have reason to believe that if he had withheld milk it might have recovered.

A few years ago, while practicing at Indianapolis, six medical students had typhoid fever. Five of them received all the sweet milk they wanted, by order of the attending physicians; they all died. In the case I attended I withheld all kinds of milk; my case recovered. I do not report these cases boastingly, but for the benefit of the profession. During the last ten years I have been watching the medical journals to see if there was one prominent physician on my side, but I saw none until I saw the above quotation. I hope the profession will give this subject the consideration it deserves. JOHN A. HENNING, M. D.

GARNETT, Kansas.

Notes.

Editor Medical World:

Playfair, in his work on Midwifery, third American edition, page 234, writing about the death of the fœtus during pregnancy, says: "A dead fœtus undergoes changes ascribed to putrefaction with no offensive smell as in ordinary decay". I delivered a woman of a putrid fœtus; the smell was very offensive, and the placenta rotten. Two days after delivery the pulse was 100, and temperature 103°. I feared trouble, but three days later found no unpleasant symptoms. Used hot, carbolized, vaginal injections.

I have found the prescription given on page 285 of the August number to be useful in cases of diarrhœa.

I wish Dr. Gardner would give the symptoms and treatment of his case of acute ergotism.

A Philadelphia druggist asks for a remedy for sleeplessness. I have used Gardner's syrup of hydriodic acid with good results. Take about half a teaspoonful three or four times daily. It is not recommended as a sleep producer, but it acts nicely in some cases.

VAN BUREN, Maine. G. C. UPHAM, M. D.

Digitalis as a Corrigent of the Effects of Quinine on the Heart.

Talma and van der Weyde ("Ztschr. f. klin. Med".; "Ctrlbl. f. klin. Med".) state that small doses of quinine exaggerate the diastole of both the auricles and the ventricles, without notably reducing the systole; but that large doses increase the diastole still more, and render the systole imperfect, so that suspension of the heart's action may occur in diastole. If digitalis is given in addition, however, the ventricular systole is rendered almost perfect, and the auricular distension at the same time moderated, which accounts for the good effects of digitalis in acute dilation of the heart from quinine poisoning.—*N. Y. Med. Jour.*

She Didn't Like It.

A lady in Wilkesbarre, Pa., who discovered that her daughter was being taught physiology and hygiene, addressed the following note to her teacher:

"Dear Miss K———: I don't want my daughter to be taught about her insides; it isn't right and I don't like it."

THE WORLD for August and November can be supplied. Most of the other numbers are exhausted.

Notes of Treatment.

BY PROF. DA COSTA.—BY THE REPORTER OF "CLASS-ROOM NOTES.

TREATMENT OF PULMONARY CONSUMPTION—*Hygienic Treatment.*—Out-door exercises, good food, warm clothing; climate of paramount importance. The best climate, by far, is that found in Egypt; Algeria is a good place. In this country, New Mexico, Southern California, South Carolina, Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-exhisting bronchitis do better in a damp and mild climate, as Florida, etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. Prof. DaCosta does not care much for the "milk diet," but allows it in conjunction with other things. Give plenty of meats, and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhuæ, to lessen the tendency to its abuse. Whiskey and brandy are the best stimulants here. You need not interdict smoking.

Medicines.—Ol. morrhuæ is of great utility by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give f℥ss, ter die, one hour after meals. To disguise it, and to promote its ready absorption, give ♏x-xv ether, but this sometimes causes belching. Mix it with equal amount of malt or whiskey. When the appetite fails stop its use for a while. Do not permit the oil to be taken in hot weather.

Next in importance is arsenic in small doses in the early stages; arsenious acid, gr. 1-40 or gtt. iij Fowler's solution, ter die. In the late stages it will be of no avail.

A third remedy is iodine; it should be more generally used; liq. iodi comp. gtt. i-iij, ter die, with potassium iodide to alternate with it. When anæmia is present, *and not much fever*, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with gtt. xv of the official syrup, and push up to f℥j, ter die.

Prof. Da Costa does not like the hypophosphites. They have no special effect, as ol. morrhuæ and arsenic. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

Treatment of Special Symptoms.—Entirely too much is done for the symptoms. For cough we should give no expectorant unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Bodeia, gr. 1/8–1/4, in simple elixir, often has a wonderful effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

Night Sweats.—Give atropia, gr. 1–80, at bedtime. Sponge off the body with hot water to constringe the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide, gr. ij ter die. Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, gr. ij, ter die, the last dose at bedtime.

Digestive System.—The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, gr. 1/4, four times per diem. Strychnia, gr. 1-40, ter die, is also of great value.

Diarrhœa.—Opium, bismuth ℈ j; copper sulphate, gr. 1-12; silver nitrate, gr. 1/4, etc.

The Throat in Phthisis.—It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (℥ j to the O j).

Prof. DaCosta has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For *Irritative fever*—

℞ Quininæ sulph..... gr. iss
Digitalis..... gr. ss
Opii..... gr. 1/4

M.—Sig. Ft. pil. Ter die.

TREATMENT OF ORDINARY MARKED STHENIC PNEUMONIA (CROUPOUS).—Do not bleed, as a rule, though in a strong man with strong pulse you will relieve the headache and dyspnœa in the early stage. In later stage a few wet cups, in the same condition will be of much avail. Keep down the circulation at any rate, by one of two remedies, to wit: Tinct. aconite, ♏j–ij, in diaphoretic mixture, every two hours, or tinct. veratrum viride, ♏iij–v, in syrup of ginger, until an impression is produced on the pulse. In conjunction, quinine, gr. viij–xij per diem, will be found beneficial.

As the case goes on, and the circulation is to be further controlled, the use of digtalis is indicated. Act on the secretion and keep them up; keep patient quiet. Give him Dover's powder at night.

Quinine is to be given throughout the course of the disease. In the second stage expectorants are valueless, but may be used later, when tissues break down, etc. Then use ammonium chloride or ammonium carbonate. The latter is also a stimulant to the circulation, and also breaks up exudation. Give it in doses of gr. v-vij, every two or three hours. The

aromatic spirits of ammonia may be substituted for it, in doses of f℥ss, given in simple elixir.

Plain food should be given; oysters or fluid food. We may give him almost what he wants. Stimulous is required for the symptoms, but not for the disease; *i. e.*, a flagging pulse, a weak heart, call for whiskey. In this state of affairs give f℥ss every two or three hours. If the case passes into the stage of general exhaustion give whiskey freely.

In typhoid pneumonia give ammonium carbonate, quinine, digitalis and stimulus from the very onset.

Local Treatment.—If some pleurisy exists poultice, but cease when pain stops; glycerine for circumscribed pleurisy and lingering consolidation.—*College and Clinical Record.*

Class-Room Notes.

(FROM COLLEGE AND CLINICAL RECORD.)

—To relieve *fermentation in the stomach*, Prof Bartholow gives dilute nitric acid, gtt. x, before meals.

—Prof. Da Costa prescribed with perfect success the fluid extract of ergot, ♏ x ter die in a case of *purpura*.

—To relieve the pain and *irritability of the bladder* in inflammation of that organ, Prof. Gross gives tinct. opii camph. f℥ j ter die.

—In ordinary *amenorrhœa*, Prof. Parvin recommends the following pill, which he learned from his teacher:—

℞ Ferri sulph.....
Pulv. aloes.....
Terebinthinæ.....āā... gr. j
M.

—Prof. Bartholow says, that dilute sulphuric acid combined with laudanum is the best remedy in the preliminary *diarrhœa of cholera*.

—Prof. Da Costa advises the application of a four per cent. solution of cocaine to the nucous membrane of the nose in *rose cold, hay fever and influenza*.

—Prof. Bartholow recommends for *superficial neuralgia*, that a five to twenty per cent. ethereal solution of menthol be painted over the part.

—For *diabetes*, in a woman aged fifty-nine, Prof. Da Costa directed sodii salicylat. gr. xx, given in glycerine and compound spirits of lavender, ter die.

—Prof. Bartholow warns against the use of *iron in the later stages of syphilis*, when we have to deal with deposits, for it tends to render them permanent and prevent their destruction.

—Prof. Gross says an excellent *tonic in asthenia* is:—

℞ Quininæ sulph..... gr. ij
Ferri sulph..... gr. 1–40
Strychninæ sulph..... gr. ⅓
Capsici pulv.....
M.

—Prof. Bartholow says of the permanganate of potassium that it is the most appropriate of the oxidizing agents used in *lithæmia*. It is an efficient remedy for obesity due to faulty assimilation.

—Dr. Neff has been aided in making the diagnosis of *typhoid fever*, in at least one case, by the peculiar saffron hue of the palms. He says he has come to look upon this as an almost pathogonomonic symptom of the disease.

—Prof. Bartholow says that, in the earlier stages of *chronic endarteritis* leading to changes in the nutrition of the brain, cod liver oil combined with the carbonate and iodide of ammonium is of very great value.

—Prof. Parvin uses as a local application in *eczema of the vulva* the following:

℞ Plumbi acet..... ℥ j
Acid. hydrocyan. dil..... f ℥ ij
Aquæ..... f ℥ iij
M. Sig.– Apply to parts every three or four hours; less often if the skin is broken.

—Prof. Thomson directed, in a severe case of *purulent opthalmia* in an infant, that the eyes be well washed out every two or three hours with a solution of borax, ten grains to the ounce; then apply one of these collyria:—

℞ Aluminus..... gr. ij
Aquæ..... f ℥ j
M.
Or
℞ Argent. nitratis..... gr. ij
Aquæ..... f ℥ j
M.

Prof. Gross recommends as as a *cathartic in surgical fever* with constipation, coated tongue and nausea, this powder:—

℞ Hydrag. chlorid. mit.,..... gr. v
Ipecac. pulv.,.....
Capsici pulv.,.....āā... gr. ss.
M.

—Dr. Neff, at the Hospital, thinks quinine is a more reliable antipyretic than antipyrian in *typhoid fever*, but he uses the latter as a temporary measure in very high temperature and the quinine to keep the temperature down when reduced. He does not give stimulus during the first week or two and the amount then is limited by the effect produced only. In two cases he gives as high as thirty-six

ounces in twenty-four hours, with good results. As a disinfectant for the excreta he uses :—

℞ Thymoline..... Oj
Hydrag. chlor. cor..... gr. lvj
Aquæ..... Oviij
M.—Sig. About half a pint to be applied to each stool.

—For *tremor* due to exhausted nervous system, Prof. DaCosta directed to be taken :—

℞ Acid. phosphoric. dil., ... gtt. xx
Strychninae phosphate.,..... gr. 1-80
Elixir. simpl.,.....
Aquae,.....āā... f℥ss.
Sig. Ter die, in water.
M.

—Prof. Bartholow is opposed to the use of the soluble *salts of bismuth*. In the various disorders for which the insoluable salts are prescribed, especially in the stomachal diseases, he prefers this combination :—

℞ Bismuthi subcarb.,..... ℈j
Creasoti,..... ♏j
Glycerini,.....
Aquae.....āā... f℥ss.
M.

—Prof. Da. Costa directed in a case of *rheumatoid arthritis* affecting the second joints of the fingers alone, that pasive motion should be performed after soaking the parts in hot water in which is dissolved a little sal soda; and internally gtt, xx of the syrup of the iodide of iron ter die, the dose to be slowly increased to one drachm.

—In *dysmenorrhœa*, when neuralgic in character, Prof. Bartholow strongly advises the use of—

℞ Ext. belladonnæ,..... gr. iv
Ext. hyoscyami.....
Ext. stramonii.....āā... gr. v
Quininæ sulphat..... ℈ij.
M.—Ft. pil. No. xx. Sig.—One pill ter die.

—After scraping away as thoroughly as possible a medullary *carcinoma* from the cavity of the womb, Prof. Parvin applied this caustic :—

℞ Bromi..... ℥ j
Acid. carbolici..... ℥ iv
Iodi..... ℥ ij
Alcoholis..... f℥ i
M.

—In a case of general *atheroma* of the blood vessels with marked trembling, associated also with aortic regurgitation and narrowing, in a man aged 63. Prof. DaCosta directed hyoscyamine, 1-200 each night, to be increased to gr. 1 100 if necessary for the trembling. For the atheroma :—

℞ Acid. phosphoric. dil..... ♏ xx
Tinct. cinchonæ comp..... ♏ xl
M. Sig.—Ter die.

—Dr. Neff has used with perfect success, the new drug pyridine in the treatment of the paroxysms of *asthma* in six different cases, independently of the cause, bronchial, cardiac or renal. It seemed not only to relieve the paroxysm, but also to prevent the return in a measure. As the remedy is so very irritating to all the mucous membranes, the following method is used in its administration. the patient being placed in a small room, from thirty to forty drops of the drug are put on a plate and placed at a little distance from the patient. This may be repeated if necessary, and the inhalations kept up from five to thirty minutes, but relief is usually obtained in from one to five minutes.

—In *acute rheumatism*, Dr. Neff gives, at the Hospital :—

℞ Sodii salicylatis..... gr. xxx
Spirit. lavend. comp.....
Syrup simplic.....āā... f ℥ ss
M.

When the temperature falls, which is usually on the second day, the alkalies are pushed for two or three days; then, in the weak and anæmic, iron with cod-liver oil and quinine are given.

—Prof. DaCosta is partial to Blaud's pill in *anæmia* with attending disorders of menstruation. It is best made with glucose, to prevent chemical decomposition, as follows :—

℞ Ferri sulph. desiccat.....
Potass. carbonate,.....āā... ℥j
Glucose..... q. s.
M.—Fiant pil. xl. Sig. One pill after each meal; to be increased to three.

—Prof. DaCosta advised in a case of *mirtal stenosis*, with some roughening of aortic opening and resulting cardiac asthma :—

℞ Tinct. digitalis..... gtt. x
Tinct. belladonnæ..... gtt. ij
Tinct. cinchonæ comp..... f℥j.
M.—Sig. To be taken ter die.

And for the *asthma* one drop of the centesimal solution of nitro-glycerine at night, to be increased to three drops if necessary.

—In *chronic diarrhœa* Prof. Da Costa speaks favorably of the following remedies: 1. Bismuth, gr. x, with opium, four times a day. 2. Mineral acids. 3. Copper, zinc, silver, iron. Copper is very effective, given in dose of gr. 1-12-⅛ of sulphate, four times per diem. It nauseates at times. Zinc sulphate, gr. j-ij, guarded by opium, gr. ⅛-¼, is very useful. Iejections of zinc sulphate are of value. Silver nitrate, gr. ¼, or the oxide, gr. ½, both with opium, is often efficacious. Iron does not agree with all—dose of sulphate=gr. ij or Monsell's sol., gtt. iij-v, dil. Solution of nitrate of iron, gtt. xx-xxx, four times daily. Turpentine has effected many cures in his hands—dose gtt. x in emulsion. He does not use vegetable astringents.

Quix Column.

Questions are Solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

I wish to ask if there is any positive remedy for atrophy of the testicles following complication of mumps. What is the most hopeful treatment?

LEHIGH, Iowa. D. F. BURTON, M. D.

Editor MEDICAL WORLD:

What do special corn doctors use to remove corns so quickly?

Can any one give a sure remedy for the vomiting of pregnancy? I have a case now that nothing I tried gave any relief until I inserted one-third grain morph. sulph. in the vagina, night and morning. I dislike this treatment, as it binds up the bowels. Two years ago this same patient was treated by another physician who unprofessionally resorted to abortion without consultation, and nearly lost his patient from hemorrhage.

D. G. EARL, M.D.

LAKE MILLS, Wis.

[Try cocaine for vomiting of pregnancy. It is the latest, and a very promising remedy. It is thus far reported as acting like magic. Begin with small doses and increase until the desired effect is attained.

The basis of most "corn cures" is salicylic acid. Cannabis Indica and salicylic acid in collodion (we cannot now bring to mind the proportions) make a good application.—ED.]

Editor MEDICAL WORLD:

Can you or any of the readers of the WORLD give the formula for Dr. S. A. Richmond's "samaritan nervine?"

A. M. GLASS, M.D.

TRAVELER'S REST, Ky.

Editor MEDICAL WORLD:

Please publish a formula for making urethral bougies. I have been making them of cocoa butter and gum acacia, but they soften too soon. I want one less susceptible to the heat of the body. THE WORLD is spicy, juicy and best of all. L. W. HENDERSHOTT, M.D.

MILL SHOALS, Ill.

[In some way, gelatin is used in their manufacture, but cannot give formula. Hope some reader can do so.—ED.]

Editor MEDICAL WORLD:

Will the readers of your valuable journal inform me at what period of childhood infantile convulsions assume the name epileptic convulsions? THE MEDICAL WORLD gives more valuable information in less space than any journal I have ever read. After thirty years' practice I am not so partial to the use of drugs as to good nursing, cleanliness and proper hygiene. A cheerful countenance and pleasant surroundings will, I think, go far in restoring our patients. H. P. ALLEN.

BOWLING GREEN, Ind.

Editor MEDICAL WORLD:

Will you kindly give in your next issue the best treatment you are acquainted with for palsy affecting principally the arms? There is at times severe pain in the head; also has constipated bowels and relaxation of sphincter urinæ. Appetite and digestion are good.

Also treatment for a case of inveterate psoriasis in an aged person. In a milder form it was of many years standing, but has become very bad during past two or three years. In some places small patches of skin were exfoliated until completely destroyed. Diarrhœa and diuresis are now alternating with each other.

RIDGETOWN, Ontario. R. A. C.

[The first case is probably one of lead poisoning. Is the patient a painter, or has he recently slept in a newly painted room, or does his drinking water come through leaden pipes? Are the extensors affected more than the felxors? Look for slate colored line on margin of gums.—Ed.]

Editor MEDICAL WORLD:

Can you give me, through the columns of your valuable journal, the formula of "Jayne's Carminative Balsam," and oblige?

DR. O. F. GEORGE.

KNOXVILLE, Tioga county, Pa.

A SUBSCRIBER in Illinois wishes treatment for total loss of the sense of smell following a cold six years ago.

The National Druggist says of the book, "Official Formulæ of American Hospitals:" "The collection comprises the formulæ of nearly all the hospitals of the United States. * * * The book contains 238 pages of useful information, and we recommend it to both the medical and pharmaceutical professions."

The Policlinic says: "These are mostly the prescriptions of eminent physicians, and are a valuable guide in the combination of remedies."

FORMULÆ.

Cough Remedies.

The following formulæ are selected from various sources, and we do not vouch for their identity with the original preparations when they are supposed to be imitations of proprietary articles:

NO. 1.—HILL'S BALSAM OF HONEY AND TAR.

Take of—

Balsam tolu	ʒ	2
Storax	ʒ	2
Opium	grs.	30
Honey	ʒ	8
Mar, pine	ʒ	1
Alcohol	ʒ	32

Mix and macerate for five days, with occasional agitation, then strain and bottle.

NO 2.—STOKE'S EXPECTORANT.

This is quite a popular remedy in some localities.

Take of—

Carbonate of ammonia	grs.	30
Fluid extract of squill	ʒ	1
" " senega	ʒ	1
Paregoric	ʒ	6
Syrup of tolu	ʒ	12
Water	ʒ	10

Dissolve the carbonate of ammonia in the water, and add the remaining ingredients. The dose is 1 teaspoonful.

NO. 3.—AYER'S PECTORAL.

Take of—

Acetate of morphine	grs.	4
Tincture of sanguinaria	ʒ	2
Wine of antimony	ʒ	3
" ipecac	ʒ	3
Syrup of wild cherry	ʒ	3

Mix.

NO. 4.—TOLU, ROCK, AND RYE.

Take of—

Good whisky (cognac)		1
Rock candy	℔	4
Balsam tolu	ʒ	2

Put the whole into a two-gallon jug, set in a warm place, and agitate several times a day until the candy is dissolved. Then strain through flannel or coarse muslin.

NO. 5.—DELLENBAUGH'S COUGH CURE.

Take of—

Picrate of ammonia	grs.	2
Chloride of ammonium	ʒ	1
Extract of licorice	ʒ	1
Water	ʒ	3

Mix and form a solution. Dose, 1 fluid-ounce every three hours.

NO. 6.—SMITH BROS.' COUGH DROPS.

Take of—

Sugar (parts)		355
Powdered charcoal	"	8
Extract of licorice	"	4
Oil of sassafras	q. s. to flavor.	
" anise	" "	

Make into lozenges each weighing 35 grains.

NO. 7.—SHILOH'S CONSUMPTION CURE.

Take of—

Hydrochlorate of morphine	grs.	3
Chloric acid	♏	3
Fluid extract of henbaen	ʒ	2
" " ginger	ʒ	3
" " wild cherry	ʒ	3
Diluted alcohol	ʒ	3
Chloroform	ʒ	1
Spirit of peppermint	♏	30
Syrup of tar	ʒ	3
Simple syrup, q. s. ad	ʒ	8

Mix.

NO. 8.—JAYNE'S EXPECTORANT.

Take of—

Tartar emetic	grs.	1
Spirit of camphor	ʒ	1
Extract of ipecac	grs.	3
Tincture of opium	ʒ	2
" lobelia	ʒ	1
Syrup of tolu	ʒ	1½
Tincture of digitalis	ʒ	1
Syrup of squill	ʒ	2

Mix.

NO. 9.—COLTSFOOT ROCK CANDY.

The following is an English recipe: One pound Spanish licorice dissolved in ¾ pint of water, 2 ounces gum tragacanth dissolved in 1¼ pints water, 28 pounds finest confectioner's sugar, 1 ounce essence of lemon, 2 ounces extract of poppies. Color with Spanish brown—a kind of prepared brown ochre. Make into a paste. By means of a piston and screw, force through a metal tube having star-shaped holes at the bottom. Cut into lengths and dry.

NO. 10.—SYRUP OF WHITE PINE.

Take of—

Fluid extract of white pine bark	ʒ	2
Simple syrup	ʒ	14

Mix.

The fluid extract is prepared from white pine bark with diluted alcohol. This syrup may also be prepared from the white pine turpentine (gum *thus*), in the form of tincture, by the carbonate of magnesium process for making syrups. This is not often used alone, but employed in making the compound syrup of white pine.

NO. 11.—BOSCHEE'S GERMAN SYRUP.

Take of—

Oil of tar	ʒ	1
Fluid extract ipecac	ʒ	4
" " wild cherry	ʒ	6
Tincture of opium	ʒ	4
Carbonate of magnesia	ʒ	3
Water	ʒ	6
White sugar	ʒ	10

Triturate the magnesia, first with the oil of tar, then with a mixture of the fluid extracts and water, filter and form a solution with the sugar by agitation, without heat.

NO 12.—RANSOM'S HIVE SYRUP AND TOLU,

Take of—

Fluid extract of squill	ʒ	2
" " senega	ʒ	2
Soluble essence of tolu	ʒ	2
Tartar emetic	grs.	4
White sugar	oz.	4
Water, q. s. ad	ʒ	4

It is readily prepared by rubbing the tartar emetic and

sugar well together, adding the fluid extracts and essence of tolu, and then enough water to make, after short sight heating and straining, 4 fluid-onnces. Each fluid-ounce of the syrup contains 1 grain of tartar emetic.

NO. 13.—WHITE COUGH SYRUP.

Take of—

Syrup of tolu	fl...	℥ 2
Glycerin	fl...	℥ 4
Compound syrup of squill	fl...	℥ 6
Syrup of ipecac	fl...	℥ 6
Tincture of lobelia	fl...	℥ 6
Paregoric	fl...	℥ 6
Fluid extract of pilocarpus	fl...	℥ 2
Chloride of ammonium		ʒ 1

Mix Take a teaspoonful three times during the day, and every hour or two before going to bed.

NO. 14.—SYRUP OF WILD CHERRY AND HONEY.

Take of—

Wild cherry bark, in No. 20 powder.		℥ 4
Hoarhound		ʒ 1
Glycerin	fl...	ʒ 1
Alcohol	fl...	ʒ 1
Sugar		℥ 12
Water, q. s. ad	fl...	ʒ 16

Mix the glycerin and alcohol with 8 ounces of water; moisten the wild cherry and hoarhound with 2 ounces of this mixture, pack in a cylindrical percolator, tightly covered; after twenty-four hours' maceration proceed with percolation, using the remainder of the menstrum, and afterwards sufficient water to make 10 fluid ounces of percolate; in this dissolve the sugar by agitation, without heat, and strain.

NO. 15.—FOR NERVOUS COUGHS.

Take of—

Diluted hydrocyanic acid		gtt. 16
Tincture of blood root	fl...	ʒ 3
Syrup of senega	fl...	ʒ 6
" tolu	fl...	℥ 6
Cherry laurel water, q. s. ad	fl...	ʒ 3

Mix. Dose, 1 to 2 teaspoonfuls, according to age, every two or three hours.

NO. 16.

Tincture of chloride of iron	fl...	ʒ 2
Glycerin	fl...	ʒ 4
Water	fl...	ʒ 4

Mix. Dose, ½ teaspoonful.

NO. 17.—COUGH DROPS.

Boil 2 ounces of hoarhound with 1 quart of water until it is reduced to 1 pint, strain it and add to the liquid 14 pounds of sugar; before it goes on the fire add ½ ounce of cream of tartar and 3 pints of cold water; put the mixture on a brisk fire, stir it occasionally until it boils, take it off; see that all the lumps of sugar are dissolved, if not, crush them with the spatula; replace it on the fire and recover the pan for about ten minutes; remove the cover, put in the thermometer, and let it boil until it registers 310° F. Then lift it off the fire and immediately pour the syrup upon the slab which has been previously oiled, add 2 teaspoonfuls of the oil of anise, 12 drops of the oil of peppermint, and 2 ounces of tartaric acid. The above quantities may be varied, and paregoric, coltsfoot, etc., may be added.

NO. 18.—COUGH MIXTURE.

Take of—

Diluted hydrocyanic acid		gtt. 40
Wine of antimony	fl...	ʒ 4
Syrup of tolu	fl...	ʒ 12
Mucilage of gum arabic	fl...	℥ 2

Make a mixture. Dose, 1 teaspoonful two or three times a day.

NO. 19.—PEEKSKILL'S COUGH SYRUP.

Take of—

Syrup of tolu	fl...	℥ 5
" ipecac	fl...	ʒ 1
Paregoric	fl...	℥ 4
Syrup of wild cherry	fl...	ʒ 1

Mix.

NO. 20.—COUGH LOZENGES.

Take of—

Powdered squill		ʒ 1
" ipecac		ʒ 5
Acetate of morphine		ʒ 1
Benzoic acid		ʒ 1
Extract of white poppy		ʒ 2
" " henbane		gtt. 10
Oil of bitter almond		
Extract of licorice	q. s...	℔ 1
Powdered gum arabic		℔ 1
Tartrate of antimony		grs. 20

Make into lozenges.

NO. 21.—TOLU, ROCK, RYE, AND BLOODROOT.

Take of—

Tincture of tolu	fl...	℥ 2
Fluid extract of bloodroot	fl...	ʒ 2
Good rye whisky		O 6
Water		O 1
Rock candy		℔ 2

Dissolve the rock candy in the water by aid of heat, add the other ingredients and strain.

NO. 22.—COUGH SYRUP.

Take of—

Syrup of Dover's powder	fl...	℥ 1
" senega	fl...	℥ 1
" squill	fl...	ʒ 1

Mix. Dose, 1 or 2 teaspoonfuls three times a day.

The syrup of Dover's powder which is used in the above formula can be made by either of the following formulæ:

Take of—

Fluid extract of ipecac		♏ 64
Deodorized tincture of opium	fl...	ʒ 12
Simple syrup, q. s. ad	fl...	℥ 16

Mix. Each fluid-dram is equal to 5 grains of Dover's powder.

Take of—

Dover's powder (U. S. P., '80)		grs. 640
Water	q. s...	
Glycerin	fl...	ʒ 2
Sugar		oz. 12

Macerate the Dover's powder in about 8 fluid-ounces of water for about twenty-four hours, then filter and add enough of water through the filter to make the filtrate measure 8 fluid-ounces. To the filtrate add the sugar, and dissolve with a gentle heat; then add the glycerin and strain. This syrup, when finished, will contain 5 grains of Dover's powder to the fluid-dram:

Take of—

Sulphate of potassium	℥ i,	grs. 32
Hot water	O	i
Sugar	℥	12
Tincture of opium (1870)	fl...	℥ 7
Fluid extract of ipecac		♏ 32

Dissolve sugar and sulphate of potassium in the hot water, and evaporate to 15 fluid-ounces. Strain, and when cool add tincture of opium and fluid extract of ipecac. This makes a syrup representing 5 grains of Dover's powder to the fluid-dram.

NO. 23.—PANCOAST'S COUGH REMEDY.

The following has the advantage of containing neither morphine nor any form of opium.

Take of—

Powdered wild cherry bark		℥ 4
" senega		℥ 4
" ipecac		℥ 2
Extract of conium		grs. 15
Water	q. s.	

Percolate until 8 fluid-ounces of infusion are obtained, and to this add:

Ginn	fl...	℥ i
Compound tincture of cardamom	fl	℥ i

Mix. Dose, 2 teaspoonfuls in water.

[The above arrangement is taken from the *National Druggist* of November 20.]

Warburg's Tincture.

Among the abbreviated formulæ now generally used, the following is a useful one:

Take of—

"Elixir of Long Life"	10 fl. oz.
Spirit of camphor	1 " "
Alcohol	5 " "
Sulphate of quinine	160 gr.

Dissolve the sulphate of quinine in the alcohol, and add the other ingredients.

The Elixir of Long Life (*Elixir Vitæ Longæ*) is made thus:

Take of—

Tinct. of aloes and myrrh	8 fl. oz.
" of rhubarb	2 " "
" of saffron	½ " "
" of gentian, compound	1 " "
Syrup	2 " "
Alcohol, enough to make	16 " "

Orchitis.

℞ Antimonii tart		gr. i
Vin. colchici		℥ i
Aq. dest	ad...	℥ viii

M. S.—One teaspoonful every hour.

—L. LEWIS, M. D.

For Gonorrhœa.

℞ Ol. cubebæ		
Ol. santal. flav		
Ol. eucalypti	āā...	℥ i

M.—xii on sugar every four hours.

—L. LEWIS, M. D.

"Compound Oxygen" Fraud.

Several subscribers have asked for information concerning the so-called "compound oxygen." The following is from an interesting circular from Dr. Wm. B. Clark, of Indianapolis. The Doctor bought an "oxygen plant" with formulæ, etc., from a "Dr." Leonard for $100. Leonard claimed the formulæ were those used by Starkey & Palen, of this city. The following are the formulæ with comments by Dr. Clark:

"As I am likewise under no promise not to divulge my information, I herein furnish all who read, "free, gratis, for nothing," the great Lennard formulas. Punctuation, spelling, capitalizing are as he wrote, and poorly wrote. The originals may be seen at any time by any one:

"COMP. OXYGEN TREATMENT.

℞ Nitrate Amonia		25 parts.
Carbnate Ferri		1 part.

Mix. Put in Retort, apply gentle heat, till whole Compound becomes to a boiling heat, then add heat gradually, and conduct Oxygen to the Tank.

HOME TREATMENT OF OXYGEN.

℞ Nitrate Amonia		1 ounce.
Chlorate Potassa		1 dram
Alcohol		2 ounces
Aqua Distiled		14 ounces

Mix.—One teaspooful to Inhaler full of hot water. Inhale 2 or 3 times a day."

As to this "office treatment," a glance at the formula shows it to be nothing but "laughing gas." The carbonate of iron is simply a blind, skillful or bungling, as the case may seem; in other words, to give color to the chemicals and to the boiling liquid, and thus render them less easy of recognition. It does not modify the ultimate product. (Not entirely satisfied with my own convictions on this point of modification, I have consulted two chemists, both professors of chemistry in medical colleges, one here and one in Chicago, and each say that I am right.) Dr. Lennard's office oxygen treatment is nothing but laughing gas, and an impure article of that, as his gas passed through three wash-bottles, containing nothing but water. As nitrate of ammonia sometimes has muriate of ammonia in it, the very injurious and highly dangerous chlorine may be evolved, so one wash-bottle should contain caustic potassa or soda to corral the chlorine. Too great heat may drive over nitric oxide, or even nitric acid, even more dangerous than chlorine, so one wash-bottle should have ferros sulphate to stop them. This swindle is well shown up in Dr. S. S. Willian's pamphlet on Oxygen."

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CON. TINCT. AVENA SATIVA, IN "OPIUM ADDICTION"

'A FRAUD. A DELUSION AND A SNARE." (See *Medical Bulletin*, October 15th, 1885).

Then read the following letter from Dr. Cottrell, who does not keep an asylum or home for treatment of the habit:

WHITESVILLE, Alleghany County, N. Y.

B. KEITH & Co., 75 William street, New York.

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Yours truly,

A. W. COTTRELL, M.D.

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